

FILED APR 6 1944

State File No. 3017

Registration District No. 318 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2710 So. Grand Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2710 So. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adeline Emery
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28th
year 1944 hour 11:10 minute P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank E. Emery
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased: April 10th 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August tenth, 1942, to March 28, 1944, that I last saw ✓ alive on March 28, 1944, and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>77</u> | <u>11</u> | <u>18</u> | hr. _____ min. |

Immediate cause of death Myocardial degeneration
Duration 6 years

9. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Due to _____
Due to _____
Other conditions Chc. Int. Disruption
(Include pregnancy within 3 months of death) 4 mo

11. Industry or business _____
12. Name Adam Bauchens
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Martin
15. Birthplace Alsace-Lorraine
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Frank E. Emery
(b) Address 2710 So. Grand Blvd.
17. (a) Cremation (b) Date thereof 3-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) MAR 30 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature H. H. Oberhelman (M. D. _____)
Address 3903 Olive Date signed 3/29/44

100
/ -
3:30
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Edwin J. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.