

FILED AUG 25 1944 18
Registration District No.

Primary Registration District No.

Registrar's No. 7073

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.....
ST JOHN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 WK
(Specify whether
In this community..... 1 WK
years, months or days)

3. (a) PRINT FULL NAME..... EMERSON E. H. RIDGE UNDERWOOD

3. (b) If veteran, name war..... NO
3. (c) Social Security No..... 499-09-6130

4. Sex..... MALE
5. Color or race..... WHITE
6. (a) Single, widowed, married, divorced, widowed..... 2 divorced, WIDOWED

6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... 20 years
(Day) (Year)

7. Birth date of deceased..... JAN 20 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 24 hr. min.

9. Birthplace..... CLAY CO ARK
(City, town, or county) (State or foreign country)

10. Usual occupation..... RETIRED

11. Industry or business.....

12. Name..... UNKNOWN

13. Birthplace..... UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name..... MELINDA PAYNE

15. Birthplace..... UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant..... CURTIS UNDERWOOD

(b) Address..... 5835 WABABA AV.

17. (a) REMOVAL (b) (Date thereof) 8-14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... PIGGOT ARK

18. (a) Signature of funeral director..... IRBY FUNERAL HOME

(b) Address..... PIGGOT ARK

19. (a) AUG 14 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO (b) County..... 997
(c) City or town..... PIGGOT ARK
(If outside city or town limits, write "RURAL")
(d) Street No..... NIP
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 14
year 44 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 1
1944 to Aug 14 1944
that I last saw him alive on 8-14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral hemorrhage
Duration..... 17 days

Due to..... Arterio sclerosis + hypertension
Due to..... 8 yrs
for years

Other conditions..... none
(Include pregnancy within 3 months of death)

Major findings: Of operations..... none

Of autopsy..... none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... None
(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..... John J. Harrison (M. D. or other) M. D.
Address..... 634 N. Grand Date signed 8/14/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MO. 0614

HARRISON

MOTHER FATHER

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

Howard A. Rowland

Licensed Embalmer No.....

3114

P. O. Address.....

Thomas M.

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

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