

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1411 Hogan St.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country USA

3. (a) PRINT FULL NAME Jennie Emmett

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph A. Emmett 6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 11 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Fredericktown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Thomas Jefferson Matthews
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Ann McCarron
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Riley
(b) Address 4146 Maryland Ave.

17. (a) Burial (b) Date thereof 12-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 8 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th
year 1944 hour 5:00 minute 45 M.

21. I hereby certify that I attended the deceased from 12/4/44
....., 19....., to Dec. 6th, 19 44
that I last saw her alive on Dec. 6th, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
removal
Due to Hypertension
Due to [Signature]
Other conditions [Signature]
(Include pregnancy within 3 months of death)

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

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 [Signature] (M. D. or other)
Address 1515 Lafayette Date signed 12/6/44

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

Robert G. Koppa

Licensed Embalmer No. *2971*

P. O. Address.....

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.