

FILED MAR 14 1945  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1913 Congress  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 58-8-7 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma Cash

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 20th. 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>8</u>	<u>7</u>	hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Hy. Bucher

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

14. Maiden name Not Known

15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Cash

(b) Address 1913 Congress

17. (a) Burial (b) Date thereof 3-3-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director W. Schwach

(b) Address 3013 Maramec

19. (a) MAR 1 1945 (b) J. Medel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 93

(d) Street No. 1913 Congress  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27  
year 1945 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 22  
1945 to Feb - 27 1945  
that I last saw her alive on Feb 26 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 4 weeks

Due to 93 a

Due to Hypertension (arterial sclerosis) 39 years

Other conditions (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 William Deinko (M. D. or other) 0  
Address 3420 Grove Ave Date signed 2/28/45

MAR 20 1945

**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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address. St Louis Mo.

**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.**