

**FILED JUN 9 1945**  
**318**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **4877**

**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:  
Lutheran Hosp.  
(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:**

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3707 S. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Emma E. Fernow

**3. (b) If veteran,** name war no. **3. (c) Social Security** No. no.

**4. Sex** Female **5. Color or race** white **6. (a) Single, widowed, married,** divorced widow  
**6. (b) Name of husband or wife** John H. Fernow **6. (c) Age of husband or wife if** alive years \_\_\_\_\_  
**7. Birth date of deceased** Oct. 19 1870  
(Month) (Day) (Year)

**8. AGE:** Years 74 Months 7 Days 10 If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Peoria Ill.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** at home

**11. Industry or business** \_\_\_\_\_

**12. Name** Jacob Klein  
**13. Birthplace** Germany  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Elizabeth Schmidt  
**15. Birthplace** Germany  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Herbert Fernow  
**(b) Address** 3707 S. Broadway

**17. (a)** Burial **(b) Date thereof** 6-4-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** M. Pickers Cem.

**18. (a) Signature of funeral director** Witt Bro. & Co.  
**(b) Address** 2929 S. Jefferson Av.

**19. (a)** JUN 9 1945 **(b)** J. F. Mueller  
(Date registered) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 29  
year 1945 hour 5 minute 10 A. M.

**21. I hereby certify that I attended the deceased from** May 26  
1945, to May 29, 1945;  
that I last saw her alive on May 28, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage (Appoplexy)  
Due to: Hypertension  
Senility  
Duration: Several mos.  
Due to: \_\_\_\_\_  
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** J. Lewis Hutton (M. D. or other) M.D.  
Address 3606 Bonnie Date signed 5/31-45

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

**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 *Ronald O. Faberke*.....

Licensed Embalmer No..... *3917*.....

P. O. Address..... *St. Louis*.....

**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.