

S. No. 2
M-5-43
7-5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

18997

FILED JUN 13 1946

STANDARD CERTIFICATE OF DEATH
1003

State File No. 18997

Registration District No. 318

Primary Registration District No.

Registrar's No. 4907

1. PLACE OF DEATH:

(a) County.....
(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:
3862a Juniata St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3862a Juniata St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 16
If yes, name country.....

3. (a) PRINT FULL NAME Emma Vincent.

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

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

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

7. Birth date of deceased February 27, 1878
(Month) (Day) (Year)

8. AGE: -Years Months Days If less than one day
68 3 4 ..hr. ..min.

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

10. Usual occupation None

11. Industry or business.....

12. Name William Linne H
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Justine Emmendorfer
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Taylor
(b) Address 3862a Juniata

17. (a) Burial (b) Date thereof 6-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery
Southern Funeral Home

18. (a) Signature of funeral director W. J. ...
(b) Address 6322 S. Grand St. St. Louis, Mo.

19. (a) JUN 2 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1946 hour 2:30 p.m. minute..... M.

21. I hereby certify that I attended the deceased from April 19, 1946, to May 31, 1946
that I last saw her alive on May 31, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial infarction

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Physician
D. J. ...

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) (c) Means of injury 0
23. Signature W. J. ... (M. D. ...)
Address 2924 So Grand Date signed 6/1/46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
17875

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 J. Wm Binkley
Licensed Embalmer No. 3653
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.