

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35086

FILED OCT 28 1946
Registration District No. 318

Primary Registration District No. 1002

State File No. _____
Registrar's No. 8913

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(c) Name of hospital or institution: Alb Bros 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 96
(c) City or town LeMay 0
(If outside city or town limits, write "RURAL")
(d) Street No. Buttler Hill Rd NRBo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nick Ems
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 16
year 1946 hour 10 minute 45 M.
21. I hereby certify that I attended the deceased from Sept 14
1946 to Oct 16 1946
that I last saw him alive on Oct 16 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mathilda Ems 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Aug 3 1889
(Month) (Day) (Year)

Immediate cause of death Bran. Tumor (Glioma) Duration 3 hrs
Pt. Temporo. Parietal
Hemiplegia left 1 mo
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 59
Of operations _____
Of autopsy _____

8. AGE: Years 56 Months 2 1/3 24
If less than one day _____ hr. _____ min.

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

10. Usual occupation GROCERY BUSINESS

11. Industry or business MATTESE, MO.

12. Name Nick Ems

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

14. Maiden name Catherine Burkhardt

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

16. (a) Informant Mathilda Ems 1946

(b) Address Mattese Mo

17. (a) _____ (b) Date thereof 10/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mattese Mo

18. (a) Signature of funeral director Perick Hud G

(b) Address 7420 Michigan Ave

19. (a) Oct 18 1946 J. F. Bradesh
(Date of local registration) (Registrar's signature)

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 Serge A O'Sullivan (M. D. or other) MS
Address 421 N Schurmer Date signed 10-16-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

335973

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.....

Oliver E. Lundy

Licensed Embalmer No. *4148*

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.