

FILED SEP 23 1947  
3648 318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **8625**

**1. PLACE OF DEATH:**  
 (a) County.....  
 (b) City or town **St. Louis, Mo.**  
(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**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **7 Weeks**  
(Specify whether  
 In this community.....  
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. **4304a S. Compton Ave.**  
**Memorial**  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
If yes, name country

**3. (a) PRINT FULL NAME** **EMMA ADLER**  
**3. (b) If veteran,** name war..... **3. (c) Social Security No.**.....

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Sept.** day **10th**  
 year **1947** hour **3:25** minute..... P M.  
**21. I hereby certify that I attended the deceased from** **7/22/47**  
 that I last saw him **ST** alive on **Sept. 10th, 47**  
 and that death occurred on the date and hour stated above.

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Widowed**  
**6. (b) Name of husband or wife** **Paul J.** **6. (c) Age of husband or wife if alive**..... years  
**7. Birth date of deceased** **Feb. 20** **1877**  
(Month) (Day) (Year)

Immune cause of death **Coronary Heart Failure** **1 year**  
 Due to **Atherosclerotic Heart Dis.** **years**  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)

**8. AGE:** Years Months Days If less than one day  
**70** **6** **20** hr. min.

**9. Birthplace** **St. Louis, County Missouri**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **Food Service**

**11. Industry or business** **St. Louis Training School**

**12. Name** **John Petzold**  
**13. Birthplace** **Don't Know**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Don't Know**  
**15. Birthplace** **Don't Know**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Julius P. Adler**  
**(b) Address** **4304a S. Compton Ave.**

**17. (a) Burial** **(b) Date thereof** **9/13/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **St. Peter & Paul Cem.**

**18. (a) Signature of funeral director** **Gebken-Benz Mortuary**  
**(b) Address** **2842 Meramec St.**

**19. (a) SEP 12 1947** **(b) G. J. Bredbeck**  
(Date received local registrar) (Registrar's signature)

**Major findings:**  
 Of operations.....  
 Of autopsy **Multiple abscesses of kidney cause not known**

**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?**.....  
(Specify type of place)  
 While at work..... **(e) Means of injury**.....  
**23. Signature** **John Murphy** **1515 Lafayette** **9/10/47**  
Date signed

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

MOTHER FATHER

**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 Ray C Campbell  
.....  
Licensed Embalmer No. 3881

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.