FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44570

Registration District No. 316 — Primary Registration District No. 6075 — Registrar's No. 17

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yrs. 7 mos. 20 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Fisk (If outside city or town limits, write "RURAL")
(d) Street No. General Delivery (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA JOSEPHINE VINSON (VINCENT)
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 Unknown
6. (b) Name of husband or wife C. A. Vinson (Vincent)
6. (c) Age of husband or wife if alive July 31, '47 years
7. Birth date of deceased March (Month) 30, (Day) 1887 (Year)

8. AGE: Years 60 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Dutchtown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Pete Baumgardt
13. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Louise J. Dawson
15. Birthplace Dutchtown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation To Washington University, St. Louis, Mo.
18. (a) Signature of funeral director Via Cozean Funeral Home
(b) Address Farmington, Missouri
19. (a) 1-26-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14, year 1947 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov. 1, 1946, 19..., to Dec. 14, 1947, 19...; that I last saw her alive on Dec. 14, 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho pneumonia (terminal)	4-5 das
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Psychosis with syphilitic meningo-encephalitis	-17 yrs

Major findings:
Of operations
Of autopsy No autopsy.

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John A. Brenna M.D. (M.D. or other)
Address State Hosp #4 Farmington Mo. Date signed 1/8/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 248:176

Date Filed 2-11-48

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~~ under the auspices of the Local Anatomical Board of St. Louis Registered Apprentice No.....
working under my personal supervision.

Signed Mildred Trotter, Prof of Gross Ana

Licensed Embalmer No.....

P. O. Address Washington Univ Med 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.