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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6325

FILED FEB 28 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1531

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis City.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary Hospital .0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-6-45 to 2-9-48 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town City
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal .St.
(If rural, give location)

(e) Citizen of foreign country? 13 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles, Emery.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Color

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife

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

7. Birth date of deceased 5 - (Month) 28- (Day) 1854 (Year)

8. AGE: Years 93 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation ?

11. Industry or business

FATHER
12. Name Frank Emery.
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary ? ?
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records.
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cem

18. (a) Signature of funeral director Elmer E. Petter
(b) Address 2032 Bell Ave

19. (a) FEB 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9
year 48 hour 11 minute 50; P. M.

21. I hereby certify that I attended the deceased from 1 1 1947 to 2- 9 - 1948
that I last saw him alive on 2- 9 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pyelonephritis and nephrosis

Due to Bronchiectasis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 52

Major findings:
Of operations

Of autopsy Urinary bladder tumor probably malignant

Duration many years.

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? Means of injury .0

23. Signature M. P. Shoney (M. D. or other)

Address 5600 Arsenal Date signed 2-11 '48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Esther F. Harris

Licensed Embalmer No. 4458

P. O. Address 3510 Bell ave

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.