

STANDARD CERTIFICATE OF DEATH

Registration District No. 518 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1915 Hebert 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 71 Yr. 0. Mons 10 Days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1915 Hebert St.
26 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emilie E. David.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
no

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Married.
6. (b) Name of husband or wife James H.W. David. 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased 6 24 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 0 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Eppelsheimer 4

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

14. Maiden name Laura. Bierbaum

15. Birthplace West Phalia, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant James. David.

(b) Address 1915 Hebert St.

17. (a) Cremation. (b) Date thereof 7-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave.

19. (a) JUL 6 1948 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4
year 1948 hour 10. minute 33 P.M.

21. I hereby certify that I attended the deceased from 6/28/48
1948 to 7/4/48 1948
that I last saw her alive on 7/1/48 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 10 wks

Due to Atherosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Edward J. Suchter M.D. or other _____
Address 2821 Delmonac Date signed 7/7/48

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

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

FEB 5 1958

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 Eustace W. Duteal

Licensed Embalmer No. 4379

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.