

FILED JUL 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21631

Registration District No. 312

Primary Registration District No. 467-3064

Registrar's No. 15-287

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Ferguson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Halls Ferry Memorial Home 4
 (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

3. (a) PRINT FULL NAME EMMA M. STEIN3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased June 16 1860
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 0 9 _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business.

12. Name Heinrich Deubach
 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Eliza Redel
 15. Birthplace Germany //
 (City, town, or county) (State or foreign country)

16. (a) Informant Herbert L. Stein
 (b) Address 3928 Sullivan Avenue
 17. (a) Burial (b) Date thereof 6/28/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Kraeger-Voss, Inc.
 (b) Address 3402 No Kingshighway

19. (a) 6-29-48 (b) Carl A. Thompson
 (Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4114 Penrose Street
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
 year 1948 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from
June 1/48, 19____, to June 24/48, 19____;
 that I last saw h_____ alive on June 18/48, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac Insufficiency

Duration

10 DaysDue to Chronic Myocarditis

Years

Due to 93d

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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?

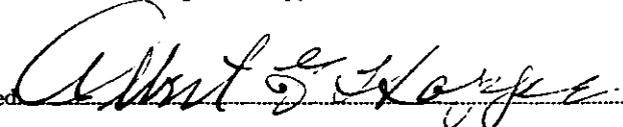
 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature J. L. Marder (M. D. or other) _____
 Address 3155 N. Vandeventer Ave. Date signed 6-25-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed .....

Licensed Embalmer No. 2971.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.