

S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948
Registration District No. 3948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 6076

State File No. 35060
Registrar's No. 2215

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7627 Genesta
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years years, months or days)

3. (a) PRINT FULL NAME Emma Black
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife William T 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 18 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 0 If less than one day
hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name John Adams
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Behrtus
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant P B Barnett
(b) Address 5107 Lakewood

17. (a) Burial (b) Date thereof 9/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7023 Gravois Ave.

19. (a) 9-21-48 (b) Cecilia [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 96
(c) City or town Gardenville
(If outside city or town limits, write "RURAL")
(d) Street No. 7627 Genesta
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1948 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from March 8, 1946 to Sept 15 1948
and that death occurred on the date and hour stated above.
that I last saw her alive on Sept 15 1948

Immediate cause of death Carcinoma of stomach Duration 1 year

Due to _____
Due to 468

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 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? _____ (c) Means of injury _____

23. Signature Melvin A. Wilucki (M. D. or other) M.D.
Address 8301 S. [Signature] Date signed 9-20-48

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 Francis J. Owen

Licensed Embalmer No. 2245

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.