

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21986

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1409

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3715 Bayliss ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Emmenegger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 10, 1894</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Builder</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Lemay, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Charles Emmenegger</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret James</u>	14. NAME OF HUSBAND OR WIFE <u>Sybil Emmenegger</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-1</u>	16. SOCIAL SECURITY NO. <u>488-10-9502</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sybil Emmenegger 3715 Bayliss ave.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatitis</u>		<u>2 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stricture of Common Bile Duct</u> DUE TO (c) <u>Cholangitis</u>		<u>2 mo.</u> <u>2 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>osteo arthritis</u>		<u>3 yrs.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1dy drops of Gall Bladder - stricture of common duct</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Louis</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1941, to June 10, 1949, that I last saw the deceased alive on June 9, 1949, and that death occurred at 6.45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Max Starbloff M.D.</u>	23b. ADDRESS <u>512 Over Place</u>	23c. DATE SIGNED <u>6/10/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 13, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARK LAWN</u>	24d. LOCATION (City, town, or county) (State) <u>1600 LEMAY FERRY Lemay Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-11-49</u>	REGISTRAR'S SIGNATURE <u>Theresa L. Lunge M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister Undertaking & Livery Co. 7814 S. Broadway St. Louis 14, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Lucius C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.