

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39022

State File No. _____

10206

FILED DEC 6 1949

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>		d. STREET ADDRESS (If rural, give location) <i>1915 4th SALL. E ST</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1915 4th SALL. E ST</i>			d. STREET ADDRESS (If rural, give location) <i>1915 4th SALL. E ST</i>		
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) <i>EMMET JAMES McINNIS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>NOV 27-1949</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>SEPT-11-1868</i>	9. AGE (In years last birthday) 8 YRS	IF UNDER 1 YEAR IF UNDER 1 HR. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>BOSTON MASS. 1</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13a. FATHER'S NAME <i>J McINNIS</i>		13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>	14. NAME OF HUSBAND OR WIFE <i>Lora A McInnis</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Lora A. McInnis 1915 Lafayette</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>none</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>97</i>		21f. HOW DID INJURY OCCUR? <i>331X</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>12/10</i> , 19 <i>48</i> , to <i>11/27</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>11/22</i> , 19 <i>49</i> , and that death occurred at <i>8:30 p. m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Dr. John P. Cannon MD</i>			23b. ADDRESS <i>2105 So Broadway</i>		23c. DATE SIGNED <i>11/28/49</i>
24a. BURIAL CREMATION REGIONAL (Specify) <i>BURIAL</i>	24b. DATE <i>Nov 30-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>CALVARY Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>Nov 28 1949</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. J. Schmen</i>	ADDRESS <i>3125 Lafayette</i>		

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Jon Bolmer

Signed _____

Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 3125 Palmyra

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.