

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25159**
6032

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granite City 8120	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hospt.		d. STREET ADDRESS (If rural, give location) 243I State St.	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) c. (Last) Pfroender	4. DATE OF DEATH (Month) (Day) (Year) July 13-1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 10-1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Echer Gottschamer	13b. MOTHER'S MAIDEN NAME Sophia Youst	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Thos. C. Pfroender	ADDRESS
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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, ashenia, 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) Coronary Occlusion		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Dis. DUE TO (c) with hypertension		10 yrs +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? 470!
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22. I hereby certify that I attended the deceased from **7/12**, 19**50**, to **4/13**, 19**50**, that I last saw the deceased alive on **7/13**, 19**50**, and that death occurred at **7:15** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John X. Kennedy M.D. C.M.	23b. ADDRESS 508 No Grand St. Louis	23c. DATE SIGNED 7/13/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 7-13-50	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Edwardsville Ill
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DATE REC'D BY LOCAL REG. JUL 13 1950	REGISTRAR'S SIGNATURE J. B. Lusater	25. FUNERAL DIRECTOR'S SIGNATURE Paula Meser	ADDRESS Granite City
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Charles E. Merce

Licensed Embalmer No.....

2988

P. O. Address.....

Granite City

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.