

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23805

700
3

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

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5811 Registrar's No. _____

| | | | |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Montgomery</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prairie Fork Township</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>4229 Harris 2199</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Norrine</u> | | b. (Middle) <u>Ella</u> | |
| | | c. (Last) <u>Emerson</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1951</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>January 30, 1899</u> |
| 9. AGE (In years last birthday) <u>52</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Ellisville, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Jacob Bauer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Eatherton</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Harry L. Emerson</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Harry L. Emerson</u> | | ADDRESS <u>4229 Harris</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Drowning</u> | | | |
| MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| 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 <u>E 975X</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE (Specify) <u>SUICIDE</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Prairie Fork Trip</u> | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MTG MO</u> | | | |
| 21d. TIME OF INJURY _____ | | 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 <u>VIEWED</u> the deceased from <u>16 July, 1951</u> , to _____, 19____, that I last saw the deceased alive on <u>12 July, 1951</u> , and that death occurred at <u>8-12 P m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Clement W. Bennett MD Coroner</u> | | 23b. ADDRESS <u>Montgomery City MO</u> | |
| 23c. DATE SIGNED <u>7/17/51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>July 18, 1951</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>5239 W. Florissant St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>7-19-51</u> | | REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt 4341</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Schlanke Funeral Home</u> | | ADDRESS <u>Montgomery City, Mo.</u> | |

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 27 1951

RECEIVED

SEP 25 1956

APR 2, 1951

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 _____

W. H. Embalmery

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *E. B. Schlanke*

Licensed Embalmer No. *4136*

P. O. Address *Montgomery City, 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.