

No. 300  
10. 48

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25618

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 2731

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b> <u>400X</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Overland</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Overland</b> <u>420X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8847 Windom</b>		d. STREET ADDRESS (If rural, give location) <b>8847 Windom</b> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>G.</b> c. (Last) <b>Emmendorfer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 21 1951</b>		
5. SEX <b>Male</b> <u>0</u>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>October 6, 1884</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Motorman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public Service</b>	11. BIRTHPLACE (State or foreign country) <b>Perryville, Mo.</b> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>John Emmendorfer</b>	13b. MOTHER'S MAIDEN NAME <b>Rose Meister</b>	14. NAME OF HUSBAND OR WIFE <b>Lillie Kelley Emmendorfer</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>** 493-10-9016</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lillie Emmendorfer</b> ADDRESS <b>8847 Windom</b>	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Hypertensive Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yr +</b> <b>2 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Coronary Occlusion</b>		
	DUE TO (c) <b>420X</b>		
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 type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	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?
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22. I hereby certify that I attended the deceased from Sept, 1948, to May, 1951, that I last saw the deceased alive on 21 July, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Paul R. Whitener M.D.</b> (Degree or title)	23b. ADDRESS <b>6923 Midland St. Louis (14) Mo.</b>	23c. DATE SIGNED <b>21 July 51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 24, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-22-51</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Tomke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ortmann Funeral Home</b> ADDRESS <b>9222 Lackland</b>
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(Licensed Embalmer's Certificate on Reverse Side)

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.....  
Student Embalmer

Signed Al C Ostmann

Licensed Embalmer No. 3478

P. O. Address.....

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.