

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6366
1662

State File No.

Registrar's No.

FILED MAR 5 1952

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION 4949 Devonshire Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. STREET ADDRESS (If rural, give location) 4949 Devonshire Ave.

3. NAME OF DECEASED
a. (First) Adolph b. (Middle) J. c. (Last) Emmendorf

4. DATE OF DEATH (Month) (Day) (Year)
February 20, 1952

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH February 26, 1868
9. AGE (In years last birthday) 83
10. IF UNDER 1 YEAR 11 Months 24 Days
11. IF UNDER 18 HRS. 0 Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired CabenitMaker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Dionisius Emmendorf

13b. MOTHER'S MAIDEN NAME
Mary Ann Grassinger

14. NAME OF HUSBAND OR WIFE
Elizabeth Emmendorf

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
Mary Nuelle 4949 Devonshire Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular-renal disease.
INTERVAL BETWEEN ONSET AND DEATH Several years.

ANTECEDENT CAUSES
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. Arterio sclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
HHE2X

22. I hereby certify that I attended the deceased from 2-14-50, 19, to 2-20-52, 19, that I last saw the deceased alive on 2-18-52, 19, and that death occurred at 9:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
John J. Smith M.D.

23b. ADDRESS
4703 Carter Ave.

23c. DATE SIGNED
2-21-52

24a. BURIAL / CREMATION, REMOVAL (Specify)
Burial

24b. DATE
2/23/52

24c. NAME OF CEMETERY OR CREMATORY
St. Peter & Paul Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis Mo.

DATE REC'D BY LOCAL REG.
FEB 21 1952

REGISTRAR'S SIGNATURE
John H. Gebken

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
John H. Gebken Sons 2630 Gravois Ave.

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

Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.