No. 300
10.48

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

State File No. 44052

FILED DEC 20 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 3113

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Hts.
c. LENGTH OF STAY (in this place): 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2167
d. STREET ADDRESS (If rural, give location): 2710 S. Grand Blvd.

**3. NAME OF DECEASED** (Type or Print)
a. (First): FRANK
b. (Middle): E.
c. (Last): EMERY

**4. DATE OF DEATH** (Month) (Day) (Year): Dec. 4 1952

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow
**8. DATE OF BIRTH**: April 1, 1868
**9. AGE** (In years last birthday): 84 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Freight Agt. (Retired)
**10b. KIND OF BUSINESS OR INDUSTRY**: B & O R.R. Co
**11. BIRTHPLACE** (City and State or Foreign Country): Providence, Rhode Island
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Unknown Emery
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Late Adeline Emery

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mary C. LaRue 2710 S. Grand Blvd.

**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) Carcinomatosis, primary — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES — unknown

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c) 1999

II. OTHER SIGNIFICANT CONDITIONS — unknown

*Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis, general

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 11/11/52, 19__, *to* 12/4/52, 19__, *that I last saw the deceased alive on* 12/3/52, 19__, *and that death occurred at* 5:00 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Dallas J. Dyer M.D.
**23b. ADDRESS**: 16 Hampton Village
**23c. DATE SIGNED**: 12/4/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Cremation
**24b. DATE**: Dec. 6, 1952
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Crematory
**24d. LOCATION** (City, town, or county) (State): St. Louis Co. Mo.

**DATE REC'D BY LOCAL REG.**: 12-4-52
**REGISTRAR'S SIGNATURE**: Herbert R. Doerke M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Kriegshauser 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement 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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 So Kingshighway

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.