

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31761

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7863**

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

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 Deaconess Hospital			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> * STREET ADDRESS (If rural, give location) 7 4840 Farlin Avenue, 15, 20790		
3. NAME OF DECEASED (Type or Print) WILLIAM a. (First) _____ b. (Middle) _____ c. (Last) EMO		4. DATE OF DEATH (Month) (Day) (Year) Aug. 25th, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 23rd, 1902		
9. AGE (In years last birthday) 52 # UNDER 1 YEAR Months _____ Days _____ # UNDER 2 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant C. P. A.		10b. KIND OF BUSINESS OR INDUSTRY Accounting	
11. BIRTHPLACE (City and State or Foreign Country) Hermann, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Joseph Emo		13b. MOTHER'S MAIDEN NAME Caroline Werner		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marie Schilling, 4840 Farlin Avenue, 15		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Hemorrhage due to metastatic carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undifferentiated carcinoma of the right kidney 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 8/24/54		19b. MAJOR FINDINGS OF OPERATION Carcinoma of the right kidney		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 180x	
22. I hereby certify that I attended the deceased from Aug. 18, 1954, to Aug. 25, 1954, that I last saw the deceased alive on Aug. 25, 1954, and that death occurred at 2:10A m., from the causes and on the date stated above.					
23a. SIGNATURE X <i>John J. Roth</i> (Degree or title) M.D.		23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 8-25-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/27/54	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. AUG 25 1954		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ	
ADDRESS 4828 Natural Bridge Blvd.,		FUNERAL HOME, INC., St. Louis, 15, Mo.			

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..... Signature of Student Embalmer

Signed John A. Miller

Licensed Embalmer No. 418

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.