

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2690

State File No. _____
Registrar's No. **60**

XC-1 695 780
Reg. 12794 **SI-2704**
FILED JAN 17 1956

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 915 N. Grand, St. Louis, Mo. c. LENGTH OF STAY (in this place) 29 days d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MADISON c. CITY OR TOWN ALTON d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 1104 Seiler Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) EIMER b. (Middle) - c. (Last) EMERY		4. DATE OF DEATH (Month) (Day) (Year) 1-3-56	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-20-91
9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Pike County, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Emery		13b. MOTHER'S MAIDEN NAME Martha Hargett	
14. NAME OF HUSBAND OR WIFE Hattie Emery			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-I		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo.		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emphysema and Pulmonary Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 1-2 Years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility and Infection			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cor Pulmonale, Acute		2-3 Weeks	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		527.1	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that ^{VA} the deceased was attended by me and that death occurred at 12:10 p.m. from the causes and on the date stated above.			
23a. SIGNATURE <i>M.M. ETT</i> (Degree or title) _____		23b. ADDRESS M.D. VAH, 915 N. Grand, St. Louis, Mo.	
23c. DATE SIGNED 1-3-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/4/56	
24c. NAME OF CEMETERY OR CREMATORY Alton Ill		24d. LOCATION (City, town, or county) (State) Alton Ill	
DATE REC'D BY LOCAL REG. JAN 4 1956		REGISTRAR'S SIGNATURE <i>Charles Smith MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE Burke Funeral Home Alton, Ill		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Stanley H. Dixon*.....

Licensed Embalmer No. *419*.....

P. O. Address *St. L.*.....

**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.**