

FILED VS SEP 22 1959

59-033776

STATE FILE NUMBER

2 8160

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 3 hrs		c. CITY OR TOWN Florissant			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 640 Pimlico Dr.			
3. NAME OF DECEASED (Type or print) First Middle Last ALBERT PAUL EMM				4. DATE OF DEATH Month Day Year Sept. 1, 1959					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-13-13			
				9. AGE (last birthday) 45		IF UNDER 1 YEAR Months Days			
						IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Laundry Eqmt		11. BIRTHPLACE (City and state or country) Syracuse, NY		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John Emm			13b. MOTHER'S MAIDEN NAME Elsie Blume			14. NAME OF HUSBAND OR WIFE Esther			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 105-01-5228		17. INFORMANT Esther Emm, Florissant, Missouri			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION, ACUTE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ATHEROSCLEROSIS, CORONARY VESSELS DUE TO (c) ARTERIO SCLEROTIC HEART DISEASE							INTERVAL BETWEEN ONSET AND DEATH 8 HOURS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from SEPT. 1959 to SEPT. 1959 and last saw her/him alive on 8-31-59 Death occurred at 8:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Robert W. Lohm M.D.					22b. ADDRESS 610 N. WAFAYETTE, FLORESSANT MO			22c. DATE SIGNED 9-2-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-3-59		23c. NAME OF CEMETERY OR CREMATORY Assumption		23d. LOCATION (City, town, or county) Syracuse, New York		(State)	
24. FUNERAL DIRECTOR The Florissant Florissant, Mo.				25. DATE RECD. BY LOCAL REG. SEP 2 1959		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Gene A. Sutcliffe

Licensed Embalmer No. 4966

P. O. Address Elmwood

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.