

ED APR 7 1961
AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2884

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison Co.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis, Missouri</u>		Length of stay in 1b <u>4 hrs-55 Min.</u>	c. CITY OR TOWN <u>Edwardsville, Ill.</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Louis Children's Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.R. #1.</u>
3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Lee</u> Last <u>Emberton</u>		4. DATE OF DEATH Month <u>3-</u> Day <u>24-</u> Year <u>61</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-30-51</u>
9. AGE (last birthday) <u>9 yrs</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>24</u>	IF UNDER 24 HR Hours <u>24</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Adrian L. Emberton</u>	
13b. MOTHER'S MAIDEN NAME <u>Helen Muers</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Alice Trowbridge, 500 S. Kingshighway</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac arrest</u> DUE TO (b) <u>Extensive skull fracture (base of skull) (head 2nd skull) (temporal, trans) (phenol etc)</u> DUE TO (c) <u>Cranio-cerebral trauma due to accident (accident @ temporary home, Anubala Towell) (hematoma, cerebral edema)</u>			INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>904.5-47</u>	
20c. TIME OF INJURY Hour <u>3-11-61</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1st Street</u>		20f. CITY, TOWN, OR LOCATION <u>Edwardsville</u>	COUNTY <u>Ill</u> STATE
21. I attended the deceased from <u>3-24-61</u> to <u>3-24-61</u> and last saw her alive on <u>3-24-61</u> Death occurred at <u>10:55 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>500 S. Kingshighway</u>	22c. DATE SIGNED <u>3-25-61</u>
23a. REMOVAL (Specify)	23b. DATE <u>3/28/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM. ST. LOUIS, COUNTY, MO.</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>SCHUMACHER'S 3013 MERAMEC</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 27 1961</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>

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 Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis Mo

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.