

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

17030

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. Beaumont Hospital)

File No.....
 Registered No. **4993**
 St. Ward)

2. FULL NAME

Emma Duerbeck
 (a) Residence. No. 4726 Ashland Court St. 6 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Duerbeck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19 1866

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
	<u>61</u>	<u>3</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

10. NAME OF FATHER Waniel Duercks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Christine Schaefer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Louis Duerbeck
 (Address) 4726 Ashland Court

15. **MAY 28 1927** May 6 Starkeroff
 FILED REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr. 10 1927, to May 26 1927, that I last saw her alive on May 26, 1927, and that death occurred, on the date stated above, at 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio-sclerosis
93C
99 90B
 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis
 (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? 4726 Ashland

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Physical ex.
 (Signed) H. H. Kellogg, M. D.

5/27, 19 27 (Address) 4963 Fountain

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Western Lutheran Cemetery DATE OF BURIAL 5/29/27

20. UNDERTAKER Theo. W. Beiderwieden ADDRESS 1936 St. Louis Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

