Nemann Mrs. Bea

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

Do not use this space.

35064

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 35064

Township ..... Primary Registration District No. 1003 Registered No. 10213

City St. Louis Mo. (No. ..... St. ..... Ward)

2. FULL NAME Emma Kruckemeyer.

(a) Residence. No. 4142 Carter Ave. St., 10 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis C. Kruckemeyer.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8/2/1860

7. AGE: Years 67 Months 3 Days 12 If LESS than 1 day, ... hrs. or ..... min.

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) ..... (STATE OR COUNTRY): Missouri.

PARENTS

10. NAME OF FATHER: Wm. Kombrink.

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

12. MAIDEN NAME OF MOTHER: Not Known.

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

14. INFORMANT: Mrs. Anna Pfeiffer (Address) 4142 Carter Ave.

15. FILED: NOV 15, 1927 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11/14/27 19

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1927, to Nov 14, 1927, that I last saw her alive on Nov 12, 1927, and that death occurred, on the date stated above, at 9-19 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Gall Bladder 46 CT

Carcinoma of Pisiform 46 E

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 44 B

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L. H. Kampschmann M. D.

11/15, 1927 (Address) 6 N Metropolitan Bldg

*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~~: Friedens. DATE OF BURIAL: 11/17/ 1927

20. UNDERTAKER: Provost Und. Co ADDRESS: 3710 N. Grand

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.