

FEB 23 1928

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

Do not use this space. 2388

1. PLACE OF DEATH

County St. Louis  
Towship Central  
City Maplewood (No. \_\_\_\_\_)

Registration District No. 786  
Primary Registration District No. 4469

File No. \_\_\_\_\_  
Registered No. 6  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Emma Niederloh Ward \_\_\_\_\_

(a) Residence. No. 3509 Commonwealth (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 20 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 10 5

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Peoria  
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Joseph Elger

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

12. MAIDEN NAME OF MOTHER Bermina Hugueth

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

14. INFORMANT Henry Niederloh  
(Address) 3509 Commonwealth Ave

15. FILED Feb 28 1928 Mercedes Schuster  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1928

17. I HEREBY CERTIFY, That I attended deceased from April to Jan 25 1928 that I last saw h. er. alive on Jan 24 1928 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Isobaric pneumonia  
100  
92% / 101%  
duration yrs. mos. ds. 8

CONTRIBUTORY (SECONDARY) Chronic Endocarditis  
(duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED At death  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS? chest findings

(Signed) W Paulding, M. D.  
Jan 26 1928 (Address) 1419 So 7th

\*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 Oak Hill Cemetery DATE OF BURIAL 1/27 1928

20. UNDERTAKER Goghan. 7146 Manchester. ADDRESS \_\_\_\_\_

PERMANENT RECORD

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.

