

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

Do not use this space.

10846

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 1534 & Manard St.) St. _____ Ward _____

2. FULL NAME

Emma Liska
 (a) Residence. No. 1534 & Manard St., 23 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Frank Liska</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>about 1864</u>		
7. AGE	YEARS	MONTHS
<u>about 64</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <u>Home wife</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6, 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 3, 1928 to Mar 5, 1928 that I last saw him alive on Mar 7, 1928 and that death occurred, on the date stated above, at 7 P.M.

CAUSE OF DEATH WAS AS FOLLOWS:
Pneumo
112
1070
La Grippa (duration) yrs. mos. 10 da.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 10 da.

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

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

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) W. P. Ober M. D.
37, 1928 (Address) 1743 S 11 St

*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 <u>Missouri' Crematory</u>	DATE OF BURIAL <u>Mar 9, 1928</u>
20. UNDERTAKER <u>W. C. Moy dell</u>	ADDRESS <u>1926 Allen</u>

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

PARENTS	10. NAME OF FATHER <u>John Tremeyer</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Wolman</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)

14. INFORMANT Frank Liska
 (Address) 1534 & Manard St

15. FILED Mar 9, 1928 Mar 6 Starker
 RECORDED

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.

