JUN 4

928

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

Do not use this space.

14711

1. PLACE OF DEATH

County: St. Louis
Township: Carondelet
City: Koch (No. ..., ... St. ... Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. ...
Registered No. 133

2. FULL NAME Muendler, Emma

(a) Residence. No. 1500 S. 12th St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife of Jacob Muendler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57				

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) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Casper Riser
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Louise Weber
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

14. INFORMANT: R. Koch Hospital Records
(Address)

15. FILED Apr. 18, 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1926, to April 18, 1928, that I last saw her alive on April 18, 1928 and that death occurred, on the date stated above, at 7:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulm. Tuberculosis with cavitations
Unknown - in Koch 2 Yr. 4 Mo. 10 Da. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Unknown
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Diagnosis

(Signed) O. Klein, M. D.
4/18/28 (Address) Koch Hospital

*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	DATE OF BURIAL
New St. Marcus	Apr. 21 1928
20. UNDERTAKER	ADDRESS
Wacker-Heldrich	2331 S. Broadway

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.