SEP 27 1928

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

Do not use this space. Dr S J Mill

28441

1. PLACE OF DEATH
County St Louis
Township Carondelet
City Oakville
Registration District No. 1123
Primary Registration District No. 6248 B
(No. Becker Road St. Ward)
File No.
Registered No. 290

2. FULL NAME Emma Mehler
(a) Residence. No. St., 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 August

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 31. 1898

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
29	10	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER August Hartke
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Wilhelmina Von Talge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT August Mehler
(Address) Oakville Mo

15. FILED Aug. 31, 1928 L. C. Obrock M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1928, to Aug 27, 1928, that I last saw her alive on Aug 15, 1928, and that death occurred, on the date stated above, at 11 20 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82 H
Cerebral Hemorrhage
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Apoplexy
(duration) yrs. mos. ds.

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) Sam Mill, M. D
, 19 (Address) J. J. Oakes R 8 Mo

*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 St Pauls Cem Oakville
DATE OF BURIAL 8/31 1928

20. UNDERTAKER C Hoffmeister U & L Co.
ADDRESS 7814 S. Bdwy

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