

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

Do not use this space.

38049

1. PLACE OF DEATH

County St. Louis

Registration District No. 788

Township Webster Groves

Primary Registration District No. 1474

City St. Louis

No. 908 Bonpart

File No. 110

Registered No. 110

St. 110 Ward

2. FULL NAME

(Mrs) Emma Adelaide Hequembourg

(a) Residence. No. 908 Bonpart St. 110 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 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

(or) WIFE OF

Alexander H. Fr. Hequembourg

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

March 6 - 1840

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

88

8

8

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)

(STATE OR COUNTRY)

St. Louis Missouri

10. NAME OF FATHER

Thos B. Targel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York City N.Y.

12. MAIDEN NAME OF MOTHER

Sarah White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Philadelphia Pa.

14.

INFORMANT

(Address)

Ida B. Smith 908 Bonpart

15.

FILED

11-16-1928 Arthur W. Westrup per Elsie Benson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov. 14th 1928

17.

I HEREBY CERTIFY That I attended deceased from Sept 9th, 1928, to Nov 14th, 1928, that I last saw him alive on Nov 13th, 1928, and that death occurred, on the date stated above, at 2:30 am

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility - Bronchopneumonia

CONTRIBUTORY

(SECONDARY)

Fractured Hip

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

no DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. F. Marsell

, 19 (Address) Webster Groves, 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

DATE OF BURIAL

Bellefontaine

Nov 16 1928

20. UNDERTAKER

ADDRESS

Parker and Co

Webster Groves

WRITE PLAINLY, WITH UNFADING INK---THIS IS A 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.

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