

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

Do not use this space.

7937

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1160  
 Township Central Primary Registration District No. 4470  
 City University City (No. 6919 Columbia Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Emma M. Schuessler  
 (a) Residence, No. 6919 Columbia Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident give city or town and State)

**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 Arthur J. Schuessler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 29, 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
				day, _____ hrs. or _____ min.
	48	10	3	

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) Belleville  
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Geo. Reuther

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Mary Franke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ill.

14. INFORMANT Ans. Schuessler  
 (Address) 6919 Columbia Ave

15. FILED 2/4, 1929 Marie Brown  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2, 1929 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1927, to Feb 2, 1929, that I last saw him alive on Dec 2, 1929, and that death occurred, on the date stated above, at 6:10 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of Ovary  
with metastases  
about (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) suicidial  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 11-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? specimen  
 (Signed) J. M. Brown, M. D.

2-4-1929 (Address) 3701 Westville

\*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 Belleville Ill DATE OF BURIAL Feb 5 1929

20. UNDERTAKER Alexander & Sons ADDRESS 6125 Delmar

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.

MAR 27 1929

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MISSOURI STATE BOARD OF HEALTH, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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