

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

Do not use this space.

8286

**1. PLACE OF DEATH**

County..... Registration District No. 191  
Township..... Primary Registration District No. 110033  
City St. Louis (No. 3855 Sherman Pl.)

File No.....  
Registered No. 1935 St. \_\_\_\_\_ Ward)

**2. FULL NAME** Emma C. Branch

(a) Residence. No. 3855 Sherman Pl. St. 10 Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Branch

17. I HEREBY CERTIFY That I attended the person from 12/26 to 2/9/29 and that I last saw alive on 2/9/29 and that death occurred, on the date stated above, at 11:52 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6, 1868  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
60 7 3

Acute Dilatation of Heart  
93C

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

Chronic Myocarditis  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mo. \_\_\_\_\_ da.  
CONTENDING DISEASE (SECONDARY) \_\_\_\_\_ (duration) 2 yrs. \_\_\_\_\_ mo. \_\_\_\_\_ da.

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

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF BIRTH, \_\_\_\_\_

10. NAME OF FATHER William Boehmer

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS? Chronic Myocarditis  
(Signed) Dr. P. Martin, M. D.

12. MAIDEN NAME OF MOTHER Louisa Nordick

(Address) 3903 Rue A  
7/11/29

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY)

\*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.

14. INFORMANT Joseph Branch (Address) 3855 Sherman

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine DATE OF BURIAL Feb 13 1929

15. FILED 11999 Max C. Jankoff REGISTRAR

20. UNDERTAKER Arron & Co. 2707 N. Grand ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

735-1-10-10

