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

Do not use this space. Dr. [illegible]

8910

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 791 — File No.: 2606

Township: — Primary Registration District No.: — Registered No.:

City: St. Louis (No. 6714 Virginia Av St. Ward)

2. FULL NAME Emma Massman

(a) Residence. No. ..... St., 1 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 28, 1891

7. AGE: Years 37 | Months 7 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

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

262

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

PARENTS

10. NAME OF FATHER: Geo F Massman
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Dora Kuhlman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Missouri

14. INFORMANT: Edward Massman
(Address): 6714 Virginia Av

15. FILED: 27, 1929 Max J Stark W.F.F. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1929, to Feb. 25, 1929, that I last saw her alive on Feb. 25, 1929, and that death occurred, on the date stated above, at 1:45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Interstitial Nephritis

131

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 129 a

(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) [illegible], M. D

2/26, 1929 (Address) 6129 Va

*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. Trinity Lutheran — DATE OF BURIAL: 2/27 1929

20. UNDERTAKER: O. Hoffmeister U. & L. Co. — ADDRESS: 7814 Ld Bldg

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