

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

Do not use this space.

13176

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis

(No. Christian Hosp)

File No. 6786

Registered No. 3786

St. _____ Ward _____

2. FULL NAME

Emma Baumer

(a) Residence. No. _____ St., _____ Ward. Valley Park Mo

(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

MEDICAL CERTIFICATE OF DEATH

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 Albert Jacob

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1876

7. AGE YEARS MONTHS DAY If LESS than 1 day, _____ hrs. or _____ min.
32 8 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer _____

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

10. NAME OF FATHER Benj Baumer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Co.
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lizzie Lempho

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Co.
(STATE OR COUNTRY) Mo

14. INFORMANT Albert Jacob
(Address) Valley Park Mo R. 1.

15. FILED 21 19 May Starkley REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-26-1929

17. I HEREBY CERTIFY, That I attended deceased from 3/20 1929 to 3/26 1929 that I last saw him alive on 3/26 1929 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS: Septicemia
Complicated childbirth.
(duration) _____ yrs. _____ mos. 21 ds.

CONTRIBUTORY (SECONDARY) 146
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/24/29

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) A. E. Herreck, M. D.

*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. Johns Cem.
Ellisville Mo. DATE OF BURIAL Mar. 29 1929

20. UNDERTAKER Schrader and Co. ADDRESS Ballwin Mo

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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Wm. Herrick