

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

Do not use this space.

42163

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 2534 North Market) St. .... Ward)

File No. ....  
Registered No. 11871  
St. .... Ward)

**2. FULL NAME** Emma Bashford

(a) Residence. No. 2534 North Market St., 20 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*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 5 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	71	9	0	

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) St Louis Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Bracker

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

12. MAIDEN NAME OF MOTHER Maria Niederverman

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

14. INFORMANT Louise Guenther  
(Address) 2534 N. Market

15. FILED Jan 11 1929 REGISTRAR Thos. W. Peiderwiden

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1929 to Dec 5 1929 that I last saw him alive on Dec 4 1929, and that death occurred, on the date stated above, at 7:20 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Diabetes Mellitus

CONTRIBUTORY (SECONDARY) 57 (duration) ..... yrs. .... mos. .... ds.

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

19. DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) C. Mellis M. D.

Dec 6, 1929 (Address) 3825 N 20<sup>th</sup>

\*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 Concordia Cemetery DATE OF BURIAL 12/7 1929

20. UNDERTAKER Thos. W. Peiderwiden ADDRESS St. Louis

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

