MAY 28 1930

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

Do not use this space.

13835

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No.
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 84
City Ballwin (No. ..... St. ..... Ward)

2. FULL NAME Emma Bueker
(a) Residence. No. Ballwin Mo St., ..... 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Bueker
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18 1872
7. AGE YEARS 58 MONTHS 0 DAYS 3 If LESS than 1 day, ..... hrs. or ..... min.
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) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Conrad Ruegge
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Attie Moling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Arthur Bueker
(Address) Ballwin Mo

15. FILED 5/9 1930 C. E. Barnett M.D. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1930
17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1930, to April 21, 1930 that I last saw her alive on April 18, 1930, and that death occurred, on the date stated above, at 2 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
107A
(duration) ..... yrs. 8 mos. ..... ds.
CONTRIBUTORY (SECONDARY) Bronchial Pneumonia
(duration) ..... yrs. ..... mos. 10 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Frank Sandfos, M. D.
April 21, 1930 (Address) Ballwin Mo

*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 Ballwin Methodist Cemetery — DATE OF BURIAL April 23 1930
20. UNDERTAKER Louis H. Bopp — ADDRESS Kirkwood 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.