

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

Do not use this space.

8888
20790

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis

(No. Barnes Hospital)

File No.....

Registered No.....

5587

St. Ward)

2. FULL NAME Emma Elizabeth Wall

(a) Residence. No. 4525 Lindell Ave. St. 12 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

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

Otto A. Wall

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

3-13-1877

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
53	2	26	

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) (STATE OR COUNTRY)

Appelton City Mo.

10. NAME OF FATHER

Henry J. Babler

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

Switzerland

12. MAIDEN NAME OF MOTHER

Luise Beckinger

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

Wisconsin

14.

INFORMANT (Address)

J. P. Babler 4525 Lindell St.

15.

FILED

May 19 1930
W. C. Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

6-9-1930

17.

I HEREBY CERTIFY, That I attended deceased from 5-11-1930 to 6-9-1930 that I last saw h.e.v. alive on 6-9-1930, and that death occurred, on the date stated above, at 4:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Breast
50
53 E (duration) 3 yrs. 6 mos. da.
CONTRIBUTORY (SECONDARY) Carcinomatosis
(duration) yrs. mos. ds.

18. WHEREIN DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

(Radical breast amputation)

3. DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1927

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Charles E. H. Baker, M.D.

6/9 1930 (Address) Barnes Hop.

*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

DATE OF BURIAL

Bellefontaine June 11 1930

20. UNDERTAKER

ADDRESS

Atwood & Co. 2707 N. Grand

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.

