

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

Do not use this space
20939
~~20937~~

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 3706 St. Vincent) St. _____ Ward)

File No. _____
Registered No. 5755

2. FULL NAME

Emma Schueddig
(a) Residence. No. 3206 St. Vincent St. 17 Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 16 - 1846</u>		
7. AGE	YEARS	MONTHS
	<u>83</u>	<u>6</u>
		<u>26</u>
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) Germany

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Ernest Schueddig
(Address) 3206 St. Vincent St.

15. FILED 13, 1930 W. C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 - 1930
17. I HEREBY CERTIFY, That I attended deceased from June 6th, 1930 to June 12th, 1930 that I last saw her alive on June 12th, 1930, and that death occurred, on the date stated above, at 4:40 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Ballstones - yellow jaundice
Iron Myocarditis (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
6/13 (Signed) Dr. Robert Sanders, M. D.
13, 1930. (Address) 1012 Beyer av

*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 Valhalla Cem. DATE OF BURIAL June 14 1930

20. UNDERTAKER Ziegenheim Bros. 2643 Cherokee St. ADDRESS

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.

RECORD WITH CHANGING IN THIS IS A PERMANENT RECORD

