

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

Do not use this space.

24869

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

**11003**

File No. ....

Township.....

Primary Registration District No. **St Marys Infirmary**

Registered No. **7028**

City **St Louis** (No. ....)

St. .... Ward)

**2. FULL NAME**

**Emma Schuller**

(a) Residence. No. **1426 S. Third** St., **13** Ward.

(If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

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 **Joe Schuller**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 26 1887**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
**43 5 18**

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) **Attopi**  
(STATE OR COUNTRY) **Illinois**

10. NAME OF FATHER **Charles Rose**

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

12. MAIDEN NAME OF MOTHER **Elizabeth Whitney**

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

14. INFORMANT **Joe Schuller**  
(Address) **1426 S 3rd St.**

15. JUL 15 1938 FILED **What O'Neary** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 14 1930**

17. I HEREBY CERTIFY, That I attended deceased from **July 11**, 19**30**, to **July 14**, 19**30**, that I last saw h. **2** alive on **July 11**, 19**30** and that death occurred, on the date stated above, at **2:30** **PM** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**acute pericarditis**  
**chronic myocarditis**  
**930**  
**9013** (duration) yrs. mos. **3** ds.

CONTRIBUTORY (SECONDARY) **9013** (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS **autopsy**  
(Signed) **Joe Schuller**, M. D.

(Address) **1536 Pappin St**

\*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 Trinity Lutheran** DATE OF BURIAL **7/16 1930**

20. UNDERTAKER **C) Hoffmeister 4460 7814 Skradan** 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.

