

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

Do not use this space.

3193

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **3002 Magnolia Avenue**)

File No.
 Registered No. **409** St. Ward)

2. FULL NAME Emily Juhlin

(a) Residence. No. **3002 Magnolia Avenue** St. **16** 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) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Peter A. Juhlin**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 18, 1862**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	68	5	20	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. **Housewife** *235*
 (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) **Illinois** *2*

10. NAME OF FATHER **(Unknown) Swanson**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown** *31*

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Peter A. Juhlin**
 (Address) **3002 Magnolia Avenue**

15. FILED **11** 19 **21** *Wm U. Staveland*
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **January 8, 1931**

17. I HEREBY CERTIFY, That I attended deceased from **1/2** 19 **31**, to **1/8** 19 **31**, that I last saw her alive on **1/8** 19 **31**, and that death occurred, on the date stated above, at **9:50** P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93A
itis

93A
Bronchial Asthma non Tubercular (duration) **2** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Mycocarditis Acute** (duration) yrs. mos. **3** ds.

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

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **Albert F. Bira**, M. D.

1/10 19 **31** (Address) **1120 Lafayette A**
 *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 **Lake Charles** DATE OF BURIAL **Jan. 12, 1931**

20. UNDERTAKER **Wacker - Heideck** ADDRESS **2331 S. Brady.**

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.

