

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

Do not use this space.

19936

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St Louis Mo** (No. **4523 Gibson**)

File No.....
 Registered No. **5965**
 St. Ward)

2. FULL NAME

Emma R. Humes
 (a) Residence, No. **4523 Gibson** 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 <i>Female</i>		4. COLOR OR RACE <i>White</i>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>Widow</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Widow</i>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Oct 5 - 1860</i>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
	<i>70</i>	<i>7</i>	<i>20</i>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <i>Housework 435</i>					
(b) General nature of industry, business, or establishment in which employed (or employer) <i>at home</i>					
(c) Name of employer					

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kansas

10. NAME OF FATHER
J. Rothwell

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

12. MAIDEN NAME OF MOTHER
unknown

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

14. INFORMANT (Address)
William R. Schwarz 4523 Gibson Ave

15. FILED *APR 26 1931* *Miss C. T. ...*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)
May 25 1931

17. I HEREBY CERTIFY, That I attended deceased from
April 24, 1931, to May 25, 1931
 that I last saw her alive on *May 25, 1931*, and that death occurred, on the date stated above, *5 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pyelitis

CONTRIBUTORY (SECONDARY) *General Peritonitis following Acute Appendicitis* (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *April 24 - '31*

WHAT TEST CONFIRMED DIAGNOSIS? *Urinalysis - Operation*

(Signed) *A. R. Duffield*, M. D.
 5/26/31 (Address) *1022 Mt. Pleas - St Louis*

*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

DATE OF BURIAL
May 28 1931

20. UNDERTAKER
Cumberland Trust Co

ADDRESS
4734

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.

