

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

Do not use this space.

27082

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 701
Primary Registration District No. 1015
No. 3458 Sidney St.

File No.....
Registered No. 8291
St..... Ward.....

2. FULL NAME

Emma Josephine Vaskamp
(a) Residence, No. 3458 Sidney St. St. 17 Ward.....
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Henry W. Vaskamp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 31, 1866</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>3</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellefleur</u> <u>Missouri</u>		
FATHER	13. NAME <u>Rudolph Humberger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marsantah</u> <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Anna Hermann</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prague</u> <u>Czechia</u>	
17. INFORMANT (ADDRESS) <u>Emma Vaskamp</u> <u>3458 Sidney St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fayetteville Ill</u> DATE <u>8/1</u> <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Mieghausen, Mortuaries</u> <u>4378 So. Sangre Highway</u>		
20. FILED <u>11/30/31</u> <u>W. H. Starck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1928 to July 29 1931.
I last saw her alive on July 29 1931. Death is said to have occurred on the day stated above, at 6:10 A. M.
The principal cause of death and related causes of importance were as follows:
Chronic Encephalitis non Lethargic
107A
78B
Date of onset Jan. 1928

Other contributory causes of importance:
Bronchial Pneumonia July 23-1931

Name of operation..... Date of.....
What best confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) St. Louis Schuchat, M. D.
(Address) 2700 Chouteau av

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.

Handwritten text, possibly a signature or date, located on the right side of the page.