

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

Do not use this space

29874

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 2003

Registered No. 8927

City St. Louis Mo (No. Ex-rout)

City Hospital # 1 St. .... Ward)

**2. FULL NAME**

Emma Corey

(a) Residence. No. 1611

Howard St., 73 Ward.

(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 Joseph Corey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-19-1867

7. AGE

YEARS 63

MONTHS 8

DAYS —

If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Waitress

(b) General nature of industry, business, or establishment in which employed (or employer) Fullerton Bldg

(c) Name of employer St. Louis

9. BIRTHPLACE (CITY OR TOWN) St. Louis

(STATE OR COUNTRY) Mo

10. NAME OF FATHER Christ Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mrs. Margorling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany

(STATE OR COUNTRY)

14. INFORMANT Mary D. Ames

(Address) 1045 1/2 Jay St. Wash

15. FILED 21 1933

W. A. Starck

REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19 1931

17. No physician or attendant I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to....., 19.....,

that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 11:25 a..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis. acute dilation of heart

93C

95B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 93C

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSYT Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John Hurley

St. Louis City Coroner

\*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. Peter & Paul

DATE OF BURIAL Aug 22, 31

20. UNDERTAKER See under 21

ADDRESS 1718 1/2 9th

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.

WRITE PLAINLY, WITH CONFIDENCE

