WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 28 1931

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

Do not use this space.

35667

1. PLACE OF DEATH
County St Louis — Registration District No. 1160 — File No.
Township Central — Primary Registration District No. 4+70 — Registered No. 130
City University City (No. 7471, Kingsbury St. Ward)

2. FULL NAME Emma Emmel Kellner
(a) Residence, No. 7471 Kinsbury St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 5 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 Wm E. Kellner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26, 1883
7. AGE YEARS 58 MONTHS 1 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Columbus Texas

FATHER
13. NAME Peter Emmel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Rohde
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Mrs Wm Craig 7471 Kingsbury
18. BURIAL, CREMATION, OR REMOVAL
PLACE Magnolia Miss DATE Oct 30, 1931
19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar
20. FILED Oct. 29, 1931 Lena U Moeller D. Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1931
22. I HEREBY CERTIFY, That I attended deceased from June 10, 1931, to Oct 28, 1931
I last saw her alive on Oct 28, 1931. Death is said to have occurred on the date stated above, at 6 15 p m.
The principal cause of death and related causes of importance were as follows:

Retro peritoneal Tumor (Probably Sarcoma) 46G 132A 167A 46h

Date of onset

Other contributory causes of importance:
Bronchi Pneumonia & Nephritis

Name of operation Paracentesis 8 times Date of June 10 & Oct 26
What test confirmed diagnosis? Physical Ex Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) W P Elmer, M. D.
(Address) 601 University Club Bldg. St Louis

Dr W. P. Elmer
Uni Club Bldg.

Miss.