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

Do not use this space.

38725

File No. 6

Registered No.

1. PLACE OF DEATH
County: St Charles
Township: Femme Osage
City: (No. , St. Ward)
Registration District No. 913
Primary Registration District No. 5996 B

2. FULL NAME Emma Nadler

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 64 mos. 10 ds. 28 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: Fritz Nadler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1867 Dec 18

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1867 64	10	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeping
(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): St Charles

PARENTS
10. NAME OF FATHER: Ernst Klussmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Florentine Schuler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dent Knan

14. INFORMANT: Fritz Nadler
(Address): Matson Mo

15. FILED 11-9, 1931 O. R. Bussmann REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1931 to Nov 15, 1931 that I last saw h. alive on Nov 15, 1931 and that death occurred, on the date stated above, at 5:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of rt. ovary
4 Cu
13906 A
1328 (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Uterine obstruction
uraemia (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Augusta Mo.
DID AN OPERATION PRECEDE DEATH? yes DATE OF 11/13/31
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Negative
(Signed) Ben L. Herbener M. D.
Nov 15, 1931 (Address) St. Charles Mo.

*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 OR REMOVAL: Augusta Mo DATE OF BURIAL: Nov 18 1931

20. UNDERTAKER: Marin Mueller ADDRESS: Hamby Mo.

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 BLACK INK—THIS IS A PERMANENT RECORD