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

Do not use this space.

40590

File No. .....

Registered No. 135

1. PLACE OF DEATH

County Franklin — Registration District No. 297

Township Washington — Primary Registration District No. 3016

City Washington (No. St Francis Hospital St. ..... Ward)

2. FULL NAME Emma F. L. Schnaath

(a) Residence. No. Boles Mo. 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. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gustav Schnaath

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 - 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	11	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 21 OM

(c) Name of employer 36

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Mo

PARENTS

10. NAME OF FATHER Gerhard H. Duebbert

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

12. MAIDEN NAME OF MOTHER Mary Grebb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo

14. INFORMANT Mrs. J. C. Berghorn
(Address) Boles Missouri

15. FILED Dec. 16 1931 O. L. Muench REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1931, to Dec. 16, 1931 that I last saw her alive on Dec. 16, 1931, and that death occurred, on the date stated above, at 1 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Septicemia

Fracture of Pelvic Pubis, Iliac dislocation of Bladder (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Auto accident, car turning over on highway 50 near Union Mo (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED Highway 50, no collision

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH yes DATE OF Dec. 15-1931

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? X ray & Surgery

(Signed) R. R. Butler, M. D.

Dec. 16, 1931 (Address) Washington 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, CREMATION, OR REMOVAL	DATE OF BURIAL
Union Mo. Cemetery	Dec. 19 1931

20. UNDERTAKER	ADDRESS
Union Furniture Co.	Union 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.