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.

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

Do not use this space.

40591

St.Francis,Hospital.

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township ~~St. Johns.~~ — Primary Registration District No. 3016 — Registered No. 135

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

2. FULL NAME Emma, F.L.Schnaath

(a) Residence. No. Boles Mo. 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. 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 House Keeper

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

(c) Name of employer

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

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,County.Mo.

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

15. FILED Dec 16, 1931 O.L.Mmench 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
2 1 0 M
36
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Fracture of Pelvis, Pomi Pubis + Ischii, Perforation of Bladder
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED Accident when car turned over on highway 50
IF NOT AT PLACE OF DEATH? near Union Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 15, 1931
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Xray + Surgery
(Signed) R. R. Oetley, M.D
, 19 (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. Accident, No collision

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Cemetery. Union,Mo.
DATE OF BURIAL Dec,19,1931.

20. UNDERTAKER Union Furniture Co, By. Wm. H. Horn
ADDRESS Union Mo.