

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

Do not use this space.

10964

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... *St. Louis* (No. *2644*, *Chippewa*) St. _____ Ward _____

File No.....
Registered No. **3042**
St. _____ Ward _____

2. FULL NAME *Mrs. Carrie Emmenegger*

(a) Residence, No. *2644 Chippewa* St. _____ Ward *24*

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <i>Frank</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec. 3, 1856</i>		
7. AGE	YEARS <i>75</i>	MONTHS <i>3</i>
	DAYS <i>23</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at Home</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>1867 1948</i>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <i>930</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>		
FATHER	13. NAME <i>Fred Becker</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany 10</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown 31</i>	
17. INFORMANT (ADDRESS) <i>Frank Emmenegger 2644 Chippewa</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Peter Paul</i> DATE <i>2/29</i> 19 <i>33</i>		
19. UNDERTAKER (ADDRESS) <i>C. Hoffmeyer & Co 2807 Broadway</i>		
20. FILED <i>MAR 29 1933</i> <i>Max</i> Registrar		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 26, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *February 14, 1932* to *March 26, 1932*

I last saw her alive on *March 26, 1932* Death is said to have occurred on the date stated above, at *10:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

falling to floor at Home Accident

Other contributory causes of importance:

General Arteriosclerosis

Fracture of the surgical neck of the left humerus

Name of operation *None* Date of _____

What best confirmed diagnosis? *Clinical findings X-ray*

23. If death was due to natural causes (violence), fill in also the following: accident, suicide, or homicide? *Accident* Date of injury *2/14 32*

Where did injury occur? *St. Louis, Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In Home

Manner of injury *Fall on floor*

Nature of injury *Fracture of left humerus*

24. Was disease or injury in any way related to occupation of deceased? *NO*

If so, specify *Dr. B. W. Klippel* M. D.
(Signed) _____ (Address) *3772 A South Broadway*

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.

