

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

Do not use this space.

13924

1. PLACE OF DEATH *St. Louis*
 County *Richmond Mo.* Registration District No. *1170*
 Township *St. Louis* Primary Registration District No. *624816* File No.
 City *St. Louis* (No. *St. Marys Hospital*) St. *100* (Registered No.) Ward)

2. FULL NAME *Emma M. Muir*
 (a) Residence, No. *3417 Wyoming 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. 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) *Widow*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 15 1854*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) *Pittsburg Mo.*

13. NAME *Joseph Scherer*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Susan Wagner*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *James J. Muir 4449 Virginia Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Clayton Cem.* DATE *5/2* 19*32*

19. UNDERTAKER (ADDRESS) *Wm. J. Jones 5401 So. Grand*

20. FILED *4/30* 19*32* *Col. Jensen* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/28* 19*32*
 22. I HEREBY CERTIFY, That I attended deceased from *11/11* 19*32* to *14/28* 19*32*
 I last saw him alive on *4/28* 19*32* Death is said to have occurred on the date stated above, at *7:30* pm.
 The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia Date of onset *4/20/32*
1932
12411 St. Louis
1118 St. Louis

Other contributory causes of importance:
Fracture of Hip from fall on hip St. Louis Mo. *4/15/32*

Name of operation *Hip reduction* Date of *4/16/32*
 What test confirmed diagnosis? *X-Ray* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 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 *Victor J. Gould* M.D.
 (Signed) *Victor J. Gould*
 (Address) *3807 1/2 Watson Blvd. St. Louis*

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.

MAY 28 1932

