

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

Do not use this space.

20589

1. PLACE OF DEATH  
 County St. Charles Registration District No. 755  
 Township St. Charles Primary Registration District No. 4483  
 City Augusta (No. ....) St. .... Ward) (If nonresident, give city or town and State)  
 2. FULL NAME Emma R D Mullinckrodt  
 (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. 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Beothold Mullinckrodt  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27 9 1869  
 7. AGE YEARS MONTHS DMS If LESS than 1 day, .... hrs. or .... min.  
65 — 13

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House Wife 23  
 (b) General nature of industry, business, or establishment in which employed (or employer) House work  
 (c) Name of employer

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

PARENTS  
 10. NAME OF FATHER Ludwig R. Dieck  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Margaret C. J. Schow  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT Beth Mullinckrodt  
 (Address) Augusta Mo

15. FILED 6-10-1932 D Mullinckrodt  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1932  
 17. I HEREBY CERTIFY, That I attended deceased from Aug 1925, to June 9 1932  
 that I last saw her alive on June 9 1932, and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho pneumonia  
107A (duration) .... yrs. .... mos. 2 ds.  
 CONTRIBUTORY Arteriosclerosis Myocarditis  
Chromia (duration) 7 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED? ①  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? No DATE OF .....  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) Calvin C. Day, M. D.  
 , 19 (Address) Augusta 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 Augusta City Cemetery DATE OF BURIAL June 12 1932

20. UNDERTAKER Fred W. Leichterberg, Northville Mo ADDRESS

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.

JUL 27 1932

MISSOURI STATE BOARD OF HEALTH, WITH DIVISION IN CHARGE—THIS IS A PERMANENT RECORD

