

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

Do not use this space.

24988

1. PLACE OF DEATH

County St. Louis, County, MO Registration District No. 1788
 Township Lutheran Hosp. Primary Registration District No. 16248 E
 City S (No. Lutheran Hosp.) St. _____ Ward _____

File No. _____
 Registered No. 27589

2. FULL NAME

Emma Wilson,
 (a) Residence, No. 118 E. Cleveland, St. 24 Ward. St. Louis Co. Mo.
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Wilson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11, 1878</u>				
7. AGE	YEARS <u>54</u>	MONTHS <u>--</u>	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home. 2³⁵</u>			
	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) <u>St. Louis, Missouri.</u>				
FATHER	13. NAME <u>Henry Zimmer</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Anna Kelger</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT (ADDRESS) <u>George Wilson 118 E. Cleveland</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mo. Crematory</u> DATE <u>Aug. 1, 1932</u>				
19. UNDERTAKER (ADDRESS) <u>Southern 6320 So. Grand</u>				
20. FILED <u>Aug 19 1932</u> <u>W. B. A. Bartelme</u> Registrar				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1932 to July 28 1932
 I last saw h. or alive on July 28 1932 Death is said to have occurred on the date stated above, at 11*40 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach. Date of onset Nov. 1931
46B
53E
118B
 Other contributory causes of importance:
General Carcinomatosis

Name of operation Radical gastrectomy Date of Sept. 1932
 What test confirmed diagnosis? Operation Was there an autopsy? Yes

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? Yes
 If so, specify _____ (Signed) W. B. A. Bartelme M. D.
 (Address) 3801 S. Broadway

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

1007

Handwritten
C. J. ...
B...