

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

Do not use this space.

33925

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1000
City St. Louis, (No. 4142 Nebraska Ave.) St. _____ Ward _____

File No. _____
Registered No. 9250 St. _____ Ward _____

2. FULL NAME

Emma Schmuck.
(a) Residence, No. 4142 Nebraska Ave. St. 15 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 Herman Schmuck.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6, 1958.		
7. AGE 74	YEARS 1	MONTHS 11
		DAYS 11
		If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.	
	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) St. Louis, Mo. /		
FATHER	13. NAME Jacob Mottel.	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10	
MOTHER	15. MAIDEN NAME Josephine Mayer.	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.	
17. INFORMANT (ADDRESS) Joe P. Fisher 4142 Nebraska Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers Cem DATE Oct. 19, 1938.		
19. UNDERTAKER (ADDRESS) J. H. Kubken & Co. 2842 Meramec St.		
20. FILED OCT 19 1938 Max G Starkoff Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1937, to Oct. 17, 1937

I last saw h.e.r. alive on Oct. 16, 1937. Death is said to have occurred on the date stated above, at 5:20 A. m.

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

Other contributory causes of importance:
cholecySTITIS (chronic)

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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 _____
(Signed) P. Bruckner, M. D.
(Address) 3147 S. Jefferson Av.

Date of onset
10-15-37
1930
5

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

