

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

Do not use this space.

41470

PLACE OF DEATH

County St. Louis Registration District No. 189
 Township Central Primary Registration District No. 3033 B
 City Pine Lawn (No. 4211 Ravenwood ave) St. _____ Ward _____

2. FULL NAME Emelie W. Rawlings
 (a) Residence, No. 4211 Ravenwood Ave. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Rawlings
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 - 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 8
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9 1/2
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 739 1/2
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

FATHER 13. NAME Fred Stuckwith

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

MOTHER 15. MAIDEN NAME Wilmena Berghorn

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

17. INFORMANT Mrs. Clarence DeHolt
 (ADDRESS) 9417 Chester Ave. St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Troy, Ill DATE Dec 20 1932

19. UNDERTAKER L. B. Tanner
 (ADDRESS) 6107 Natural Bridge Rd

20. FILED 12/19 1932 John Tracy, M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Case of Ch. Myocarditis - Endocarditis arteriosclerosis - Ch. hypertension - with renal involvement. - Some short time back myocardial infarction with small stroke that caused other contributory causes of importance. - History of typical general edema of ankles & face. with history of suffering many years with retained fluids in legs & limbs.

(Name of operation) _____ Date of _____
 What test confirmed diagnosis? (5) Was there an autopsy? no

23. If death was due to external cause (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) John B. Stinson, M. D.
 (Address) 3718 Jennings St. St. Louis Mo

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.

FORM RESERVED FOR BINDING

