

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

Do not use this space.

11654

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis Mo.* (No. *2336 Benton St.*)

Registration District No. *791*  
Primary Registration District No. *1003*

File No. ....  
Registered No. *2732*  
St. .... Ward

**2. FULL NAME** *Emma Meyer*

(a) Residence, No. *2336 Benton St.* St. *20* Ward.

(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) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 24 - 1898*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<i>34</i>	<i>10</i>	<i>25</i>	

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

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 *Charles Luttenberger*

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

MOTHER 15. MAIDEN NAME *Minnie Hartman*

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

17. INFORMANT *Minnie Luttenberger* (ADDRESS) *2336 Benton St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Peckers* DATE *Mar 23 1933*

19. UNDERTAKER *W. J. Leidner, 1417 N. Market St.* (ADDRESS)

20. FILED *MAR 22 1933* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 21 1933*

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 A.M.*

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

*Stroke of Arteries* Date of onset

*Non-Malignant*

*54B*

Other contributory causes of importance:

*54B*

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify

(Signed) *John J. Queney* M.D.

(Address) *Deputy Coroner*

*2/22/33*

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.

