

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

Do not use this space.

27660

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1170
 1 Township Central Primary Registration District No. 6248H
 7 City Richmond Heights (No. St. Mary Hosp) St. _____ Ward _____

2. FULL NAME

Emma Mealemann
 (a) Residence, No. 3204 Edmondson St. _____ Ward _____
 (Usual place of abode) Overland
 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. (If nonresident, give city or town and State)

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) March 29 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 4 28

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) Texas

13. NAME Gilbert Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Edwin McBarthy
3204 Edmondson Overland

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John DATE Aug 30 1933

19. UNDERTAKER (ADDRESS) Key Leidner, Hud Co
1417 1/2 Market St.

20. FILED 8/28 1933 Leitende Porter
 Registrar.

MEDICAL CERTIFICATE OF DEATH

4 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1933, to Aug 27, 1933

I last saw him alive on Aug 26, 1933 Death is said to have occurred on the date stated above, at 6:20 A.M.

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

519
17
107A

Other contributory causes of importance:
Double pneumonia
Diabetic Mellitus
Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical 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 _____, 1933
 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) S. P. Gay M. D.
 (Address) 908 Beaumont Bldg.

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.

SEP 26 1933

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