

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

Do not use this space.

30884

File No. _____
Registered No. 102
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis County Registration District No. 1160
Township Central Primary Registration District No. 4470
City University City (No. 7218 Maryland Ave)

2. FULL NAME

EMMA SIEBEN EYSSELL

(a) Residence, No. 7218 Maryland St., _____ Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 3 mos. 5 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MORITZ EYSSELL</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 25, 1867</u> | | |
| 7. AGE | YEARS <u>66</u> | MONTHS <u>1</u> |
| | DAYS <u>0</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | |
| | 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) <u>Milwaukee, Wis.</u> | | |
| FATHER | 13. NAME <u>Gustav Sieben</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| MOTHER | 15. MAIDEN NAME <u>Johannette Bolkenius</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| 17. INFORMANT (ADDRESS) <u>W. H. Kammere</u> <u>7218 Maryland Ave.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Sept. 27, 1933</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Wagner & Co</u> <u>3627 Olive</u> | | |
| 20. FILED <u>Sept 26</u> , 1933 <u>Lena V. Mueller</u> Registrar. | | |

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25, 1933

22. HEREBY CERTIFY, That I attended deceased from Apr 22, 1933, to Apr 25, 1933

I last saw him alive on Apr 24, 1933 Death is said

to have occurred on the date stated above, at 10:30 a. m.

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

hypertension (Chronic)

Date of onset

95C
95A

95C

Other contributory causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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?

If so, specify _____

(Signed) L. Kammere, M.D.

(Address) 703 Belmont 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.

61-20-1923

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~~Mr. J. C. ...~~
Mrs. J. C. ...
or Capt. J. C. ...

I. Newman

Dr. Bremer

...