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.

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

Do not use this space.

File No. 37843
Registered No. 117

1. PLACE OF DEATH
County: St Louis
Township: Central
City: University (No. 7591 Olive St Road St. ... Ward)
Registration District No. 1160
Primary Registration District No. 4470

2. FULL NAME: Caroline Emmert
(a) Residence, No. 7591 Olive St Road Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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: Albert Emmert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 16 — 1858

7. AGE: Years 75 Months 7 Days 27 If LESS than 1 day, ... hrs. or ... min.

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): Germany

FATHER
13. NAME: Henry Emmert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Albertis Klug
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Albert Emmert
(ADDRESS) 7591 Olive St Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bethania Cem. DATE: Nov 16th 1933

19. UNDERTAKER: Geo. W. Fisher
(ADDRESS) 103 N Central Ave Clayton Mo

20. FILED: Nov. 14, 1933 Lena W. Moeller, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/6, 1933, to 11/13, 1933
I last saw her alive on 11/13, 1933. Death is said to have occurred on the date stated above, at 6:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. nephritis with hypertension	
Other contributory causes of importance: Myocardial insufficiency	

Name of operation: Date of:
What test confirmed diagnosis? 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) J. D. Stoelzle, M. D.
(Address) 12 N. Central Ave