

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.

FEB 27 1934

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

Do not use this space.

2925

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **1121<sup>st</sup> Kentucky**) St. .... Ward.....

File No. ....  
Registered No. **565** St. .... Ward.....

**2. FULL NAME**

**Emma J. Wolcy**

(a) Residence, No. **1121<sup>st</sup> Kentucky** St., **18** Ward.....

(Usual place of abode) (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) **Single**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 14 - 1857**  
7. AGE YEARS **76** MONTHS **11** DAYS **1** If LESS than 1 day, .... hrs. or .... min.

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. **at home**  
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**  
13. NAME **Francis M. Wolcy**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**  
15. MAIDEN NAME **Dorothea Kreibohm**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

17. INFORMANT **Victor Jacquemin** (ADDRESS) **1840 - 18th**  
18. BURIAL, CREMATION OR REMOVAL PLACE **Mo. Crematory** DATE **Jan 17, 1934**  
19. UNDERTAKER **Petz Bros** (ADDRESS) **309 1/2 Lafayette Ave**  
20. FILED **CAN 16 1934** **J. B. Bedeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 15, 1934**

22. I HEREBY CERTIFY that I attended deceased from **Dec 2<sup>nd</sup>**, 1933, to **Jan 15<sup>th</sup>**, 1934. I last saw her alive on **Jan 14<sup>th</sup>**, 1934. Death is said to have occurred on the date stated above, at **11** a.m.

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

**acute myocarditis** **DECEASED 1933**  
**Chronic nephritis** **1933**  
Other contributory causes of importance: **hypertension**

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? **no**  
If so, specify.....  
(Signed) **Joseph M. Togg**, M. D.  
(Address) **433 Metropolitan Bldg.**

WHITE PRINT, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1892  
Metrozoeta