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.

APR 25 1934

File No. 10414
Registered No. 2219

1. PLACE OF DEATH
County ..... Registration District No. 701
Township ..... Primary Registration District No. 1003
City St Louis (No. Amer. Hosp. St. ..... Ward)

2. FULL NAME Mattie A. Emmons
(a) Residence, No. 4110a Nath Bdg. St., 9 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1905

7. AGE: Years 29 | Months 1 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) Kansas

FATHER
13. NAME Levi Julien
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Mary Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Herman B. Emmons
(ADDRESS) 4110A Nath Bridge Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredens DATE March 5, 1934

19. UNDERTAKER Nath Stemmann & Son
(ADDRESS) 2161 East Grand Ave.

20. FILED ..... 19..... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1934

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 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock + injuries (Compound fracture of Pelvis (Bruised Vault) received in a collision between two automobiles in St Louis, Mo.	

Other contributory causes of importance: Deceased was driving in one of the automobiles.

2100 Accident 2-1

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? Accident Date of injury 2/1, 1934
Where did injury occur? St Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Collision between two autos
Nature of injury Fracture of Pelvis

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M.D.
(Address) [illegible]
3/2/34