Ce 8886

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21986

Township ..... Primary Registration District No. 1003 Registered No. 5736

City St. Louis, ~~Mo.~~ (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Mrs. Emma Louise Allyn

(a) Residence, No. 4418 W. Florissant St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M. Allyn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 10, 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
48	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 8

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 12

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) Pittsburg, Kansas

FATHER

13. NAME Adolph August Stolpe

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

MOTHER

15. MAIDEN NAME Anna Emilie Schallo

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

17. INFORMANT (ADDRESS) Edythe Stolpe 4418 W. Florissant

18. BURIAL, CREMATION, OR REMOVAL
PLACE Riggston, Illinois DATE June 10, 1934

19. UNDERTAKER (ADDRESS) Theo. W. Beiderwieden 1936 St. Louis Ave

20. FILED N-8 1934 19 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to June 7, 1934

I last saw her alive on June 7, 1934. Death is said to have occurred on the date stated above, at 10:15 A.M.

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

	Date of onset
Sec. anxemia	4 mo
hysterectomy	8 days ago

54 a

Other contributory causes of importance:

fibroid uterous - 1 year	
Ileus	3 day

Name of operation hysterectomy Date of May 28, 1934

What test confirmed diagnosis? Lab. 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) Arthur Sundell, M. D.

(Address) 2707 University

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.

1001-11-24-33

Dr. Gunblach
2202 University
12-2-7-8