

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

Do not use this space.

22104

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **100**  
City **St. Louis** (No. **Jeune Hosp.**)

File No. ....  
Registered No. **5860**  
St. .... Ward)

2. FULL NAME

**Emily H. Othwein**  
(a) Residence, No. **15 Portland Place 17** Ward.

(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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widow</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Wm. O. Othwein</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>May 4 - 1850</b>		
7. AGE	YEARS <b>84</b>	MONTHS <b>4</b>
	DAYS <b>10</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>at home</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>—</b>	
	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 CO.); (TRY) <b>St. Louis Missouri</b>		
FATHER	13. NAME <b>Franzott Thiermuler</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
MOTHER	15. MAIDEN NAME <b>Spain Unknown</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
17. INFORMANT (ADDRESS) <b>Wm. O. Othwein</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Bellefontaine</b> DATE <b>June 15 1934</b>		
19. UNDERTAKER (ADDRESS) <b>Wagoner 3627 Olive St.</b>		
20. FILED <b>VI 14</b> 19 <b>34</b> <b>J. Brebeck</b> Registrar.		

**3** MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 13 1934**

22. I HEREBY CERTIFY, That I attended deceased from **June 4**, 19**34**, to **June 10**, 19**34**  
I last saw her alive on **June 13**, 19**34** Death is said to have occurred on the date stated above, at **12:15** m.  
The principal cause of death and related causes of importance were as follows:  
**Gangrene Gall Bladder** Date of onset  
**1 1/2 days to large Gall Stone** ?  
**Terminal Edema lungs** 2 days  
Other contributory causes of importance:  
**126**

Name of operation **removal of same, drainage** Date of **June 4**  
What test confirmed diagnosis? **Gram stain** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **No** Date of injury ..... 19**34**  
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) **Louis H. Behrens - Millard Bevel**, M. D.  
(Address) **102 No. Olive**

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. AUG 13 1934

