

**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**

Township.....

Primary Registration District No. **1003**

City **St Louis** (No. **5361**, **Pershing**)

File No. **26481**

Registered No. **6643**

St. Ward)

2. FULL NAME *Emilie Kathrine Hequembourg*

(a) Residence, No. **5361 Pershing** St. **14** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **51** 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) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Charles Wm*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 27. 1853*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	80	9	7	

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

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) *Cape Girardeau Mo*

13. NAME *Frances Jos. Jecko*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alsace Lorraine*

15. MAIDEN NAME *Marie Agatha Santert*

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

17. INFORMANT *A. H. Hequembourg* (ADDRESS) *5361 Pershing*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove Cem* DATE *July 6*, 19**34**

19. UNDERTAKER *Alexander & Sons* (ADDRESS) *61 75 Delmar*

20. FILED **CL - 5 1334** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 4*, 19**34**

22. I HEREBY CERTIFY, That I attended deceased from *June 4*, 19**34**, to *July 4*, 19**34**. I last saw her alive on *July 4*, 19**34**. Death is said to have occurred on the date stated above, at *10* m. The principal cause of death and related causes of importance were as follows:

Coronary occlusion
94A
Other contributory causes of importance: *Angina pectoris*
Date of onset *July 4 1934*

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) *Albert E. Tausig*, M. D.
(Address) *3720 Washington*

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.

AUG 15 1934

• R. N. C. Crossing •

3720 Washington

[Decorative flourish]

#2 *St. Louis.*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.
6645

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Emilie Katharine Hequembourg*
Who died at _____ on *July - 4 - 1934*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: _____ Years _____ Months _____ Days
Sex *F* Color or race *W* ~~Single, married, widowed or divorced:~~ _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

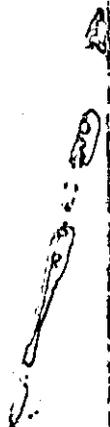
Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did 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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

(Signature of Registrar) *J. J. Bedecka - 8-29-34*
This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. *991* Very truly yours,
Primary Reg. Dist. No. *1003* *E. T. McGaugh, M.D.*
Special Agent. *K*

26481



1879