

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

Do not use this space.

APR 29 1935

14422

1. PLACE OF DEATH

County Registration District No. **003**
 Township Primary Registration District No.
 City St. Louis (No. 3965 Westminster)

File No.
 Registered No. **3251**
 St. Ward)

2. FULL NAME

(a) Residence, No. 3965 Westminster 19 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 <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Theodora Emrich</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 26, 1869</u>		
7. AGE	YEARS	MONTHS
<u>66</u>	<u>2</u>	<u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Interior Decorator</u>		
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) <u>Paris Ill</u>		
13. NAME <u>Samuel Emrich</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Rebecca Hauck</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Theodora Emrich</u> <u>3965 Westminster</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Calvary Cem.</u>	<u>April 10, 1935</u>	
19. UNDERTAKER (ADDRESS) <u>Muller Bros</u> <u>7259 Lindell Blvd</u> <u>J. Brebeck</u>		
20. FILED APR - 9 1935		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 8, 1935

22. I HEREBY CERTIFY, that I attended deceased from Jan. 15, 1935, to Apr. 8, 1935

I last saw him alive on Apr. 7th, 1935. 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:

Chronic interstitial nephritis Date of onset 1933
Chronic myocarditis 1933

Other contributory causes of importance: 131
Arteriosclerosis
Septicemia (absorption) from
gangrene of leg Mar 15 1935
 Name of operation None Date of None
 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? 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) Norton John Overall, M. D.
 (Address) 4129 Washington Blvd.

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.

