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.

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

OCT 23 1935

Do not use this space.

30853

File No. .....

Registered No. 7641

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County .....

Township .....

City St. Louis, Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Emma A. Hanselmeier

(a) Residence, No. 5340 Clayton Ave 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 1887

7. AGE: Years 47 | Months 10 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) St Louis, Mo.

FATHER

13. NAME Frank Hanselmeier

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

MOTHER

15. MAIDEN NAME Anna N[illegible]selmeier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Mo

17. INFORMANT (ADDRESS) Frank Hanselmeier 5340 Clayton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE M Park DATE 9/12/35

19. UNDERTAKER (ADDRESS) Kramer Fun. Dir. 3407 N. Kingshighway

20. FILED SEP 11 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1935, to Sept 8, 1935. I last saw her alive on Sept 8, 1935. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

	Date of onset
Rupture of the Twin aneurysm of the aorta	
Sequelae of Chronic heart lesion	
Abdominal Sepsis	50

Other contributory causes of importance:

Collapse of Circulation
Removal of kidneys
Write autopsy

Name of operation Amputation of Breast Date of 6/5/34

What test confirmed diagnosis? Complete 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? .....

If so, specify .....

(Signed) Emma A. Mongiardy, M. D.

(Address) 3403 N. Kingshighway