

NOV 27 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33742

1. PLACE OF DEATH

County St. CharlesRegistration District No. 757

Township

Primary Registration District No. 3006City St. Charles

(No.)

St.

Ward)

2. FULL NAME Mrs. Emma Hebli(a) Residence, No. 515 Jefferson

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 2 mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Werner Hebli6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29-1870

7. AGE

YEARS 65MONTHS 5DAYS 8

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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) Cape Girardeau Mo.

(STATE OR COUNTRY)

FATHER

13. NAME Henry Buchterkirchen14. BIRTHPLACE (CITY OR TOWN) Germany

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Minnie Loras16. BIRTHPLACE (CITY OR TOWN) Germany

(STATE OR COUNTRY)

17. INFORMANT Werner Hebli(ADDRESS) St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grand Tower Ill. DATE Oct 10 193519. UNDERTAKER Wachsmann - Bone(ADDRESS) 326 No. 6 St. St. Charles20. FILED 19351935 Clarence S. Hessler

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 193522. I HEREBY CERTIFY, That I attended deceased from Sept. 30th 1935, to Oct 7 1935I last saw him alive on Oct 7 1935 Death is saidto have occurred on the date stated above, at 4:30 p.m.

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

Robert pneumonia

Date of onset

Sept 301935

Other contributory causes of importance:

Name of operation Date of 108

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?

If so, specify

(Signed) Th. J. Gardiner

, M. D.

(Address) St. Charles, Mo.

