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

Do not use this space.

17439

File No.

Registered No. 4219

MAY 7 1936

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

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

2. FULL NAME Mrs. Emilie Troemel

(a) Residence, No. 3458a Oregon St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 5 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 29. 1858

7. AGE: Years 77 | Months 5 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

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: Landolin Maier

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

MOTHER

15. MAIDEN NAME: Sophie Schmeer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Miss Lilly Troemel 3458a Oregon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Cem. DATE 4-17 1936

19. UNDERTAKER (ADDRESS): Bernemann Funeral Home Inc 193 S. Ft. Louis Ave.

20. FILED APR 17 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 14 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1936, to April 14 1936

I last saw her alive on April 14, 1936. Death is said to have occurred on the date stated above, at 11.00 A. m.

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

	Date of onset
Senile dementia	Feb 1. 1936
Other contributory causes of importance: - Lobar Pneumonia	Feb April 13. 1936

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? yes

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) Edward B. Alford, M. D.

(Address) Beaumont Bldg