

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

Do not use this space.

24284

1. PLACE OF DEATH JUL 14 1936
 County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **4438**, **Holly**) St. Ward
2. FULL NAME **Emelie Ballmann**
 (a) Residence, No. **4458**, **Holly** St. **9** 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)* **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Herman H.*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 4, 1876*
7. AGE YEARS *59* MONTHS *11* DAYS *1* If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) *St. Louis Mo*

MOTHER FATHER
13. NAME *Fred W. Mederbusche*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER
15. MAIDEN NAME *Catherine Wellman*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Herman H. Ballmann*
 (ADDRESS) *4458 Holly*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *St. Ann's Cemetery* DATE *May 8 1936*

19. UNDERTAKER *Ashton L & Co*
 (ADDRESS) *2707 N. Grand*

20. DIED **JUN 8 1936** *J. H. Medeck*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 5, 1936*
22. I HEREBY CERTIFY, That I attended deceased from *May 1, 1936*, to *June 5, 1936*
 I last saw h. *Em* alive on *June 5, 1936*. Death is said to have occurred on the date stated above, at *12:45 pm*.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
 Date of onset *1935*
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? *Aug 5* 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?
 If so, specify *Yes*
 (Signed) *Francis J. Medek*, M. D.
 (Address) *4114 W. 72nd Street*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

