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.

JUL 14 1936

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

Do not use this space.

24764

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. .....

Registered No. 6388

City St. Louis (No. St. Anthony Hospital St. ..... Ward)

2. FULL NAME Emma Laura Lind

(a) Residence, No. 5706 E. Virginia avn. St., / Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Carl O. Lind

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 11, 1890.

7. AGE: YEARS 46 | MONTHS 4 | DAYS 12 | 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): Denver, Colo,

FATHER

13. NAME: Chas. H. Merrill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Peoria, Illinois

MOTHER

15. MAIDEN NAME: Mary Alice Hinton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shiloh Nebraska

17. INFORMANT (ADDRESS): Carl O. Lind 5706 E. Virginia

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Hope Cem. DATE: June 26, 1936

19. UNDERTAKER (ADDRESS): C. Hoffmeister U. & L. Co. 7814 S. Broadway

20. FILED: JUN 24 1936 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 23, 1936

22. I HEREBY CERTIFY That I attended deceased from May 29th, 1936, to June 23rd, 1936
I last saw her alive on June 23rd, 1936. Death is said to have occurred on the date stated above, at 3.15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	7/1/35 +

59

Other contributory causes of importance:
Septicaemia (Staphylococcus) 6-17-36
following abscess Rt Thigh due to diabetes

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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) William F. McNamee, M. D.
(Address) 5923 Virginia ave.

Dr. Wm. F. McNamee
Va. & Wilmington Ave.