

DEC 3 1936

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

Do not use this space.

42673

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Missouri Baptist Hospital)

File No.....
Registered No. 11181
St. Ward

2. FULL NAME Emma Caffer,

(a) Residence, No. 2131 Yale Ave. St. 12A Ward.

(Usual place of abode) Maplewood, Mo.

(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 George A. Caffer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 3 12

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) Missouri

13. NAME August A. Mueller

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Arnold Caffer (ADDRESS) Maplewood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE Nov. 10, 1936

19. UNDERTAKER Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FORMAL J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 . 19 36

22. I HEREBY CERTIFY, That I attended deceased from 11-4-, 1936, to 11-8-, 1936

I last saw him alive on 11-8-, 1936. Death is said to have occurred on the date stated above, at 12:30 m. A.M.

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

ruptured, left Ovarian Cyst, Malignant?

Other contributory causes of importance:

Name of operation None 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?

If so, specify

(Signed) Nicholas S. Vitale, M. D.

(Address) 3861 St. Louis Ave

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.

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