

WRITE PLAINLY, WITH FADING 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.

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

Do not use this space.

JAN 10 1937

46719

1. PLACE OF DEATH

County..... Registration District No..... **791**
 Township..... Primary Registration District No..... **1008**
 City..... **ST LOUIS** (No. **8770 N Broadway**)..... St. Ward)

File No.....
 Registered No. **12513**

2. FULL NAME Emma Kilz

(a) Residence, No. 8770 North Broadway St. 8 Ward. (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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adam Kilz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>76</u>	<u>11</u>	<u>10</u>	

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

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)..... St Louis Mo
 (STATE OR COUNTRY)

13. NAME Unknown Meyer

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

15. MAIDEN NAME Louise Unknown

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

17. INFORMANT Arthur Kilz
 (ADDRESS) 8770 North Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE Dec 23, 1936

19. UNDERTAKER Beiderwieden Funeral Home
 (ADDRESS) 1936 St Louis Ave

20. FILED DEC 22 1936 J. P. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from DEC. 21, 1936, to DEC. 21, 1936

I last saw him alive on DEC. 20, 1936 Death is said to have occurred on the date stated above, at 12:40 A M

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

MORTIC INSUFFICIENCY

Date of onset

Other contributory causes of importance: NONE

Name of operation NO Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NO 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 NONE
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify S. R. VanHoefen, M. D.
 (Signed) 8313 HALLS FERRY RD. CITY
 (Address)

