

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

Do not use this space.

1. PLACE OF DEATH

96
30
County.....
Township.....
City ST. LOUIS (No. 4009 N. 22 ST.) Registration District No. 791 Primary Registration District No. 1003 File No. 3762 Registered No. 798 St. Ward)

2. FULL NAME EMMA OBERMOELLER

(a) Residence, No. 4009 N. 22 St., 20 Ward. | (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17th, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 17th, 1936 to Jan 17th, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 2, 1863

I last saw him alive on Jan 16th, 1937. Death is said to have occurred on the date stated above, at 1559 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 15

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

Anteroseptal heart disease Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK 20
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 20
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:
Anteroseptal

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MISSOURI

13. NAME HENRY SIEVERS

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN ? UNKNOWN ?

15. MAIDEN NAME MARY HILLINGHORST

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN GERMANY

17. INFORMANT (ADDRESS) MAMIE SCHMITT 4150 PLEASANT

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW BETHLEHEM DATE JAN. 20, 1937

19. UNDERTAKER (ADDRESS) Wedemeyer & Sons 3934 N. 20 St

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Frank J. Hulse, M. D.
(Address) 3500 N. Grand

20. FILED 9 19 37
J. Bredbeck Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

