SUPPLEMENTARY APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis Mo. (No. 2612a N. Market St. St. ..... Ward)

File No. 10004

Registered No. 2564

2. FULL NAME Emilia M. Dahmer

(a) Residence, No. 2612a N. Market St. St., 20 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 White

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sngsingle

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 23, 1918

7. AGE 19 YEARS | MONTHS 1 | 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. Shoe Worker

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 Missouri

FATHER

13. NAME Chris Dahmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Ind.

MOTHER

15. MAIDEN NAME Rose Trayer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Ind.

17. INFORMANT (ADDRESS) Chris Dahmer 2612 N. Market St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Zions Cemetery DATE March 8, 1937

19. UNDERTAKER (ADDRESS) Leidner Und. Co. 2223 St. Louis Ave.

20. FILED MAR 5 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1937, to Mar 5, 1937

I last saw her alive on March 5, 1937. Death is said to have occurred on the date stated above, at 4:20 A.m.

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

	Date of onset
Chronic Glomerulo	2.2
nephritis	1934-13

Other contributory causes of importance:

Bronchitis	Feb 21
Bronchopneumonia	3-4-37

Name of operation None Date of

What test confirmed diagnosis? Clinical 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. no injury

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) S. C. Creane, M. D.

(Address) 2504 N 14th St

MARGIN RESERVED FOR BINDING

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.

V. S. No. 1 100M-5-28-35

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Dr. Crane