APR 9 1937

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

Do not use this space.

File No. 10135
Registered No. 2699

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City ST. LOUIS (No. 4401 ATHLONE AVE St. ..... Ward)

2. FULL NAME EMMA TELTHORST

(a) Residence, No. 4401 ATHLONE St., 9 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 10 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 12, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	10	26	

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) ST LOUIS (STATE OR COUNTRY) MO

FATHER

13. NAME HENRY ECHTERHOFF

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

MOTHER

15. MAIDEN NAME MARY ELLERBECK

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

17. INFORMANT IDA KRIEN (ADDRESS) 4015 GLASGOW AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE ZIONS DATE March 11, 1937

19. UNDERTAKER Buedmeyer & Son (ADDRESS) 3934 N. 20 St.

20. FILED MAR 9 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1937, to Mar. 8, 1937

I last saw her alive on Mar. 8, 1937. Death is said to have occurred on the date stated above, at 5 P. m.

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

	Date of onset
Cerebral Hemorrhage (Apoplexy)	3/8/37

Other contributory causes of importance:

Name of operation ..... 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? ..... 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? No

If so, specify .....

(Signed) Arthur H. de Marcy, M. D.

(Address) 4046 N. Grand Blvd.

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

Dr. De Mercy
4046 N. Grand