

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** (No. **14 74**, Rowan Ave

File No. **10892**  
Registered No. **3466**  
St. .... Ward)

2. FULL NAME

**Emma R. Michael**

(a) Residence, No. **1474 Rowan Ave** St. **6** 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Single</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>NOV 13 - 1858</b>		
7. AGE YEARS <b>78</b>	MONTHS <b>4</b>	DAYS <b>16</b>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At Home</b>
	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) **Missouri**

13. NAME **Unknown Michael**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Ruth Moore**  
(ADDRESS) **416 S. Illinois - Villa Park, Ill**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Lakewood Cemetery** DATE **March 31 - 1937**

19. UNDERTAKER **C. R. Dupton & Sons**  
(ADDRESS) **444 Olive Street**

20. FILED **MAR 30 1937** **J. P. Bredeck**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 29 - 37 15**

22. I HEREBY CERTIFY, That I attended deceased from **3-28**, 1937, to **3-29**, 1937

I last saw her alive on **3-29**, 1937. Death is said to have occurred on the date stated above, at **12:10 AM**.

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

**Bilateral Broncho pneumonia** Date of onset **3-26-37**

Other contributory causes of importance:  
**Myocarditis Chronic**

Name of operation **None** Date of .....  
What test confirmed diagnosis? **Chemical** 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) **Herman J. Kloeska**, M. D.  
(Address) **9621 Hazelwood Rd. Overland, Mo**

WHITE PLAIN, 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.

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Oveland Ms  
9621 Backland  
Wa 4855

Res 2426 Mason  
Wa 47  
Wa 16 #2

2-1 Pm