

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35622
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City ST. LOUIS, Mo. (d) Street No. BARNES HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Marie Schober

(a) Residence, No. 1997 + Louisville St. KB Kirkwood, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as 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) Germany

13. NAME Fritz Henniger

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

15. MAIDEN NAME Unknown

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

17. INFORMANT John Schober
 (ADDRESS) Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sunset Burial DATE 10/4/37

19. FUNERAL DIRECTOR John L. Ziegenhein & Sons
 (ADDRESS) 7027 Gravois Avenue.

20. FILED OCT 1 1937 J. B. Beck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-30-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1937, to 9-20, 1937.

I last saw h.c. alive on 9-3-37, 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Diabetes
Hemiplegia, rt. side
due to cerebral hemorrhage
 Date of onset 7/19/25
9/11/37

Other contributory causes of importance: 59

Name of operation Date of
 What test confirmed diagnosis? P.E. 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?
 If so, specify e. n. Smith, M. D.
 (Signed) BARNES HOSPITAL
 (Address)

STATEMENT BY LICENSED EMBALMER

I, Clarence P. Kidwell, Licensed Embalmer No. 3877

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Clarence P. Kidwell
Licensed Embalmer No. 3877

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)