JAN 10 1938

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

Do not use this space.

43074

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City (No.) St. Louis, Missouri, City Sanitarium St. ..... Ward)

File No. ..... Registered No. 11324

2. FULL NAME Emma Steible

(a) Residence, No. 2208 Chippewa St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1852 Nov 17

7. AGE — YEARS: About 85 yrs. MONTHS: DAYS: 19 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Nil 26

10. Date deceased last worked at this occupation (month and year): Nil

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis / ~~Missouri~~

FATHER

13. NAME: (Unknown) Henry Steible

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Germany 16

MOTHER

15. MAIDEN NAME: Unknown Theresa Weber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Unknown~~ St Louis / ~~Germany~~ Mo

17. INFORMANT (ADDRESS): Otis Taylor, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE: St Peter & Paul DATE: Dec 10 1937

19. UNDERTAKER (ADDRESS): Thos Kutis 2906 Morganford

20. FILED: DEC 9 1937 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-7-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-22-37, 19, to 12-7-37, 19

I last saw her alive on 12-7-37, 19. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

| | Date of onset |
|---|---|
| Arteriosclerotic Heart Disease | |
| | 11-22-37x |

Other contributory causes of importance:

Pulmonary Edema 12-6-37

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

(Signed) Otis Taylor, M. D.

(Address) 5400 Arsenal

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.

Embalmed by Thorkutis
L. E. 1619

Thorkutis
L.E. 1619