

FEB 12 1938

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

530

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City St. Louis, Mo. (d) Street No. De Paul Hospital St. **416**
 (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

Mrs. Emma J. Waters 31
 (a) Residence, No. 2515a W. Hebert St. St. **20**
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred M. Waters Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14- 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
61 4 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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 0

FATHER 13. NAME Wm. Budde

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Fred M. Waters Sr.
2515a W. Hebert St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE Jan. 14-38

19. FUNERAL DIRECTOR (ADDRESS) Henry Ledner Und. Co
1417 N. Market St.

20. FILED JAN 12 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11-38 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1938, to Jan 10, 1938
 Last saw her alive on Jan 10, 1938. Death is said to have occurred on the date stated above, at 9:10 a.m. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset
1-9-38

Other contributory causes of importance:

Cardiac failure, caused by cerebral hemorrhage
No other heart disease
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? yes

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) Chas. A. Jost, M. D.
 (Address) 3500 N. Grand

*Edwards
John P. Reichholz
1947*

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *John P. Reichholz*

Licensed Embalmer No. *167*

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.)