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

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

FEB 12 1938

608
Do not use this space.

1. PLACE OF DEATH (a) County ..... Registration District No. 791 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 464
(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 HOERNER. 1 F 6
(a) Residence, No. 1815 Dolman St. St. 23 1815 Dolman
(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	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 Edward Hoerner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	6	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Minnesota 1

FATHER
13. NAME Martin Martimy 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Edward Hoerner
(ADDRESS) 1815 Dolman St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Jan. 15, 1937

19. FUNERAL DIRECTOR Wm. E. Monsell
(ADDRESS) 1926 Allen Ave.

20. FILED FEB 14 1938, 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1938, to 1-12-38, 1938
I last saw her alive on 1-12, 1938. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intestinal obstruction caused by intestinal ~~[illegible]~~ adhesions, cause of which were unknown	1/7/38

Other contributory causes of importance:

1226

Name of operation Exploratory laparotomy Date of 1/11/38
What test confirmed diagnosis? operation 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) F. R. Bradley, M. D.
(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Wm. C. Moydell, Licensed Embalmer No. 1467

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Wm. C. Moydell

Licensed Embalmer No. 1467

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