

REC'D JUN 9 1938

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

16192

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **4053**
 (c) City **St Louis** (d) Street No. **Faith Hospital 2800 N. Taylor Ave** St. **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 Laskowitz **232**
 (a) Residence, No. **2008 a, Mallinckrodt Str.** St. **26**
 (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) **Widow**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 13 Th 1875**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
63 ----- **0** -- **16** -- or ----- min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House Work**
 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**

FATHER
 13. NAME **Not Known**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER
 15. MAIDEN NAME **Not Known**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Edwin Laskowitz**
 (ADDRESS) **2008 a mallinckrodt**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary Cem.** DATE **May 3 D 1938**

19. FUNERAL DIRECTOR **Edward Koch**
 (ADDRESS) **2008 a Mallinckrodt St**

20. FILED **J. F. Bredek** Local Registrar.
MAY - 2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-30 1938**

22. I HEREBY CERTIFY, That I attended deceased from **4/1/38**, 19, to **4/30/38**, 19.

I last saw him alive on **4/30/38**, 19. Death is said

to have occurred on the date stated above, at **4:20 p.m.**

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

Post operative Pneumonia Date of onset **4/25/38**
Bronchial

Other contributory causes of importance:
Bladder Stones Urinary 1937

Name of operation **Cystotomy** Date of **4/26/38**
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **no** 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) **H. Steiner** M. D.

(Address) **6815 W. Lorraine**

STATEMENT BY LICENSED EMBALMER

I, B. W. Finn Licensed Embalmer No. 1591

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

B. W. Finn

Licensed Embalmer No. 1591

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.)