

UL 12 1938

REC'D AUG 9 1938

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

26507
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 284
(b) Township Riverview Garden Primary Registration District No. 200 Registered No. 1187
(c) City Riverview Garden (d) Street No. 9818 Jeffrey Drive 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 Frederici 636
(a) Residence, No. 9818 Jeffrey Drive St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 8

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) Illinois

13. NAME Balxer Brostmeyer

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

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) Fred F. Frederici
9818 Jeffrey Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 13, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math. Hermann & Son
2161 East Fair Avenue

20. FILED JUL 12 1938 J. R. Meyer, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1938

22. I HEREBY CERTIFY That I attended deceased from July 5, 1938 to July 10, 1938

I last saw her alive on July 10, 1938 Death is said to have occurred on the date stated above, at 2:00 A. M.

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

Diabetes Mellitus ?
Myocarditis Chronic ;
gangrene in foot ;

Other contributory causes of importance: none 54

Name of operation none Date of _____

What test confirmed diagnosis? Physical 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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) H. T. Miller, M. D.

(Address) 8410 N. Broadway St. St. Louis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *L. H. Hampton*

Licensed Embalmer No. *2967*

P. O. Address *246 E. Fair*

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.)

If this body is not embalmed, above space should be left blank.