

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

33696

Do not use this space.

NOV 16 1938

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **2100a Adelaide Avenue** St. **9**  
 (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 IMIG,**  
 (a) Residence, No. **2100a Adelaide Avenue** St. **9**  
 (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 **Frederick Imig**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 30, 1858**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**80 8b 3**

OCCUPATION 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) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Not Known**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

MOTHER 15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

17. INFORMANT **Mrs. S. M. Pohlman** (ADDRESS) **2100a Adelaide Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Pickers** DATE **Oct. 6, 1938**

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

20. FILED **St. Bredeck** 19 **Local Registrar.**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 3, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 10, 1937, to Oct 3, 1938**  
 I last saw her alive on **Oct 3, 1938**. Death is said to have occurred on the date stated above, at **1:10 P. M.**  
 The principal cause of death and related causes of importance were as follows:

**Cerebral Apoplexy**  
**Arteriosclerosis Indefinite**  
 Date of onset **Arteriosclerosis**

Other contributory causes of importance:

Name of operation **no** Date of .....  
 What test confirmed diagnosis? **Clinical** 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? **no**  
 If so, specify **Harry H. Jurek**, M. D.  
 (Signed) **4903 Delmas**  
 (Address) **4903 Delmas**

**OCT 4 1938**

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.

1963 Selma in -  
Dr. Henry Meade

**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 *Henry Meade*

Licensed Embalmer No. 2967

P. O. Address 2161 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.**