N 29 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23234

Registration District No. 7846 — Primary Registration District No. 109 — Registrar's No. 1158

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Maplewood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maplewood Nurseing Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Jan. 1939 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

(c) City or town: St Louis, Mo. (If outside city or town limits, write "RURAL")

(d) Street No.: 3404 Miami St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Emma Doemelt

3. (b) If veteran, name war: 3. (c) Social Security No.:

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Julius O Doemelt 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Jan 28 1869 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days If less than one day hr. min.

9. Birthplace: Highland (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: John Graf

13. Birthplace: Highland (City, town, or county) Ill. (State or foreign country)

MOTHER 14. Maiden name: Unknown

15. Birthplace: Highland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Lillian Kosel

(b) Address: 3021 Minnessota Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 1st 39 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Ill.

18. (a) Signature of funeral director: Thos. Kutes

(b) Address: 2906 Gravois Ave.

19. (a) JUN 29 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 28 day 1939 year 1939 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 28 1938, to June 28 1939; that I last saw h alive on June 28 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gastro Enteritis	3 dy
Due to:	
Due to: Chronic Int. Nephritis	
Chronic Myocarditis	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: —	

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PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] M.D. (M.D. or other)

Address: 3103 Arsenal St. Date signed 6/28/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Thos Kutis, Registered Apprentice No. ....., working under my personal supervision.

Signed Thos Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Grove

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.