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

Do not use this space.

1. PLACE OF DEATH
County: Deaconess Hospt. Registration District No. 791
Township: Primary Registration District No. 1003
City: St Louis (No. Deaconess Hospt St. Ward)

File No. 29185
Registered No. 18778

2. FULL NAME: Mrs. Emma K. Dierker (Dierker)
(a) Residence. No. Wentzville Mo St. 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Dierker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 1 1874

7. AGE: Years 52 | Months 9 | Days 29 | If LESS than 1 day, ___ hrs. or X min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work 56
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Melle Mo

PARENTS
10. NAME OF FATHER: John Holtman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Holt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT (Address): Otto Hollmans Mexico Mo

15. FILED OCT -2, 1927 Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 30 1927

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1927, to Sept 30, 1927, that I last saw her alive on Sept 30, 1927, and that death occurred, on the date stated above, at 7:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Breast
Spinal Cord metastasis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 47
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Y DATE OF abdn 5/1/27
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. H. Hampman M.D.
10/1, 1927 (Address) 626 Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Wentzville Mo. DATE OF BURIAL: Oct 2 1927

20. UNDERTAKER: M. E. Ball ADDRESS: Wentzville Mo.