

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

Do not use this space.

11154

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis Mo (No. 5617 Divian)

File No.
Registered No. 2984
St. Ward

2. FULL NAME

Emma Buck
(a) Residence. No. 5617 Divian St. 7 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

female | white | widowed

5A. MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-3-1854

7. AGE	YEARS	MONTHS	DATE	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>10</u>	<u>11</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife
(b) General nature of industry, business, or establishment in which employed (or employer) At home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Chas Demperwolf

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dorothy Weber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Chas H. Buck
(Address) 57617 Divian

15. FILED 16 1928 May 6 Starkley
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March-14-1928

17. I HEREBY CERTIFY, That I attended deceased from March 5th 1928, to March 13, 1928, and that I last saw her alive on March 13, 1928, and that death occurred, on the date stated above, at 940 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59
1328
Artemia
(duration) yrs. mos. da. 4
CONTRIBUTORY Diabetic Mellitus
(SECONDARY) (duration) 5 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 57

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Lab
(Signed) John W. L. Brennan, M. D.
, 19 (Address) 2847 Olive

*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 St. Peters Cem. DATE OF BURIAL 3-17-1928

20. UNDERTAKER Petry Bros. 3829 Lafayette
ADDRESS

WHITE 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.

1930-2 pm