

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

Do not use this space.

29344

**1. PLACE OF DEATH**

County ..... Registration District No. 78  
 Township ..... Primary Registration District No. 505  
 City St. Louis (No. City of St. Louis)

File No. ....  
 Registered No. 8497  
 St. .... Ward

**2. FULL NAME** Andrew Emoo

(a) Residence. No. 1421 Park St. 23 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male  
**4. COLOR OR RACE** White  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Unknown  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
abt. 68  
**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Labor  
 (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)** Greece

**10. NAME OF FATHER**  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Unknown  
**12. MAIDEN NAME OF MOTHER**  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Unknown

**14. INFORMANT** Edmond  
 (Address) City of St. Louis

**15. FILED** 19 Aug 20 1929  
 REGISTERAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Aug 16 1929  
**17. I HEREBY CERTIFY**, That I attended deceased from Aug 12, 1929, to Aug 16, 1929, that I last saw him alive on Aug 16, 1929, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Idiopathic Hemorrhage per diapedesis from the lower gastro-intestinal tract.  
 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** 11915  
 (duration) yrs. mos. ds.

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

**19. DID AN OPERATION PRECEDE DEATH.** DATE OF.....  
**20. WAS THERE AN AUTOPSY?** Yes

**WHAT TEST CONFIRMED DIAGNOSIS?** Pathology foreign  
 (Signed) Carl H. Stoff M. D.  
 8/16, 1929 (Address) City of St. Louis

\*State the DISEASE CAUSING DEATH, or if 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. Matthews  
**DATE OF BURIAL** 8-21-1929

**20. UNDERTAKER** G.P. Murrell's Sons  
**ADDRESS** 1407 Market

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.

Emoo

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