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

Do not use this space.

42505 a

File No. 12263

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 53

City St Louis (No. Jewish Hospital St. Ward)

2. FULL NAME Emma L. Fuldner

(a) Residence. No. 7404 Oxford Drive Ward. University City Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur H Fuldner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	28	9	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Schuerman

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

12. MAIDEN NAME OF MOTHER Frances Gossmann

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

14. INFORMANT Arthur H Fuldner
(Address) 7404 Oxford Drive

15. FILED DEC 17 1929 Mae C Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-15 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1929, to Dec 15, 1929, that I last saw her alive on Dec 15, 1929, and that death occurred, on the date stated above, at 11 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach
(Linitis Plastica)
Hemorrhagic Pyelitis, Rt
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Gastric Hemorrhage
(duration) yrs. mos. 1 ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 10, 1929

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Louis L. Tureen, M. D.

12/15, 1929 (Address) Jewish Hospital

*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	DATE OF BURIAL
Calvary	12-18 1929
20. UNDERTAKER	**ADDRESS**
Arthur J Donnelly	2039 Wash St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.