

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

Do not use this space.

20515

20517

1. PLACE OF DEATH

County St. Louis
Township Central
City North St. Louis (No. 328)

Registration District No. 788
Primary Registration District No. 4471
Newport em

File No. _____
Registered No. 56
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 328 Newport St. _____ Ward _____
(Usual place of abode)
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Kemke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15 - 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 1 23

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

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Schultz

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Lina Kemke
(Address) 328 Newport em

15. FILED 6-9-30 Arthur T. Hedger REGISTRAR
per Elsie Henson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1930

17. I HEREBY CERTIFY, That I attended deceased from April 19th, 1930, to June 8th, 1930 that I last saw h. at alive on June 6th, 1930, and that death occurred, on the date stated above, at 12:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

41 yr
16 yr
Valvular disease of heart
(duration) 5 yrs. — mos. — ds.
CONTRIBUTORY Senile debility
(SECONDARY) (duration) 1 yrs. — mos. — ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Herrig Schuyler, M. D.
Sept. 1920 (Address) Herrig Schuyler

*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. Peter's Cemetery DATE OF BURIAL June 10 1930

20. UNDERTAKER Wm. Schumacher ADDRESS 4834 Apt. Bridge

WRITE 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.

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