

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

23346

1. PLACE OF DEATH

Comly. Registration District No. **701**
 Township **St. Louis** Primary Registration District No. **1008** File No.
 City **St. Louis** (No. **4050** **St. Louis**) Registered No. **6819**
 St. Ward

2. FULL NAME

Emma Baeppler
 (a) Residence, No. **4050** **St. Louis** St. **17** Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 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 **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **widow**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 29-1855**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 **5** **22**

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

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

10. NAME OF FATHER **Emile Gessler**

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

12. MAIDEN NAME OF MOTHER **Friedricha Besc.**

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

14. INFORMANT **Laura Baeppler**
 (Address) **4050 St. Louis St.**

15. FILED **1933** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 21 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 17** 19**31** to **June 21** 19**31**
 that I last saw h. **ev** alive on **June 20** 19**31** and that death occurred, on the date stated above, at **2:15 A.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilatation

131
95
 CONTRIBUTORY **Chronic Interstitial Nephritis**
 (SECONDARY) (duration) **5** yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPT?

WHAT TEST CONFIRMED DIAGNOSIS **Microscopic chemical**

(Signed) **Cleveland** M. D.
 of **22**, 19**31** (Address) **315 Metropolitan Bldg**

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Missouri Crematory** DATE OF BURIAL **June 23 1931**

20. UNDERTAKER **Petz Bros 302 N. 2nd St.** ADDRESS

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.

