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

Do not use this space.
28027

File No.
Registered No. 7911

1. PLACE OF DEATH

County
Registration District No. 795
Township
Primary Registration District No.
City St Louis (No. City Hospital St. Ward)

8912

2. FULL NAME Fred Emde

(a) Residence, No. 3864 Shenandoah St. Ward. 17
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 46
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 117
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) Caville
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Henry Emde
14. BIRTHPLACE (CITY OR TOWN) 10
(STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Lena Arnold
16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Hospital Information
(ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Advance Mo DATE Sept 1 1932

19. UNDERTAKER Loyd A. Morgan
(ADDRESS) Advance Mo

20. FILED AUG 31 1932 Max C. Starkloff
Registrar.

MEDICAL CERTIFICATE OF DEATH

6

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 26, 1932, to Aug 30, 1932

I last saw him alive on Aug 30, 1932 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach (Superimposed on old ulcer)	
Chronic Adhesive Pericarditis	
Chronic Myocarditis	
Hypostatic Pneumonia	

Other contributory causes of importance:
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Post Mortem Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. McColgan, M. D.
(Address) City Hospital