

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

Do not use this space.

3039

1. PLACE OF DEATH

County St Louis Registration District No. 791
 Township _____ Primary Registration District No. 1003
 City St Louis (No. City, Infirmary) St. _____ Ward _____

File No. _____
 Registered No. 696

2. FULL NAME Emma Bennett

(a) Residence, No. _____ St. 13 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>			
7. AGE	YEARS	MONTHS	DAYS
<u>about 80</u>	<u>-</u>	<u>-</u>	<u>-</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
_____		_____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>			
MOTHER	13. NAME <u>Unknown</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
	15. MAIDEN NAME <u>Unknown</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>J Jordan 5800 Arsenal St</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Matthews Cem</u> DATE <u>Jan 19 1934</u>			
19. UNDERTAKER (ADDRESS) <u>E. J. Schmitt Lafayette Ave</u>			
20. FILED <u>18 1934</u> <u>J. Bredeck</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 10 1934 to Jan 18 1934
 I last saw her alive on Jan 18 1934 Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Chr Myocarditis Date of onset _____
930
1070
750
90
 Other contributory causes of importance:
Bronchopneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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) Doc Husman M. D.
 (Address) Earl Days

WHITE PRINTING, 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, 1934

AUG 10 1945