

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

Do not use this space.

OCT 11 1934

34291

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. St. Johns Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 9083

**2. FULL NAME**

Emma Waldmann  
 (a) Residence, No. 5631 Theodosia St., 6 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>7</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis Waldmann</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 25-1883</u>				
7. AGE	YEARS <u>51</u>	MONTHS <u>6</u>	DAYS <u>17</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HW</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>HW</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>Mo.</u>				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 17th 1931 to Sept 11th 1934  
 I last saw her alive on Sept 11th 1934 Death is said to have occurred on the date stated above, at 10:10 p.m.  
 The principal cause of death and related causes of importance were as follows:  
1276 Date of onset  
Angina Pectoris 948E 1929  
Coronary occlusion 9-5-34

Other contributory causes of importance:  
myocarditis Chronic ?

Name of operation Laparotomy Date of 9-11-34  
 What test confirmed diagnosis EKG. etc. 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. \_\_\_\_\_

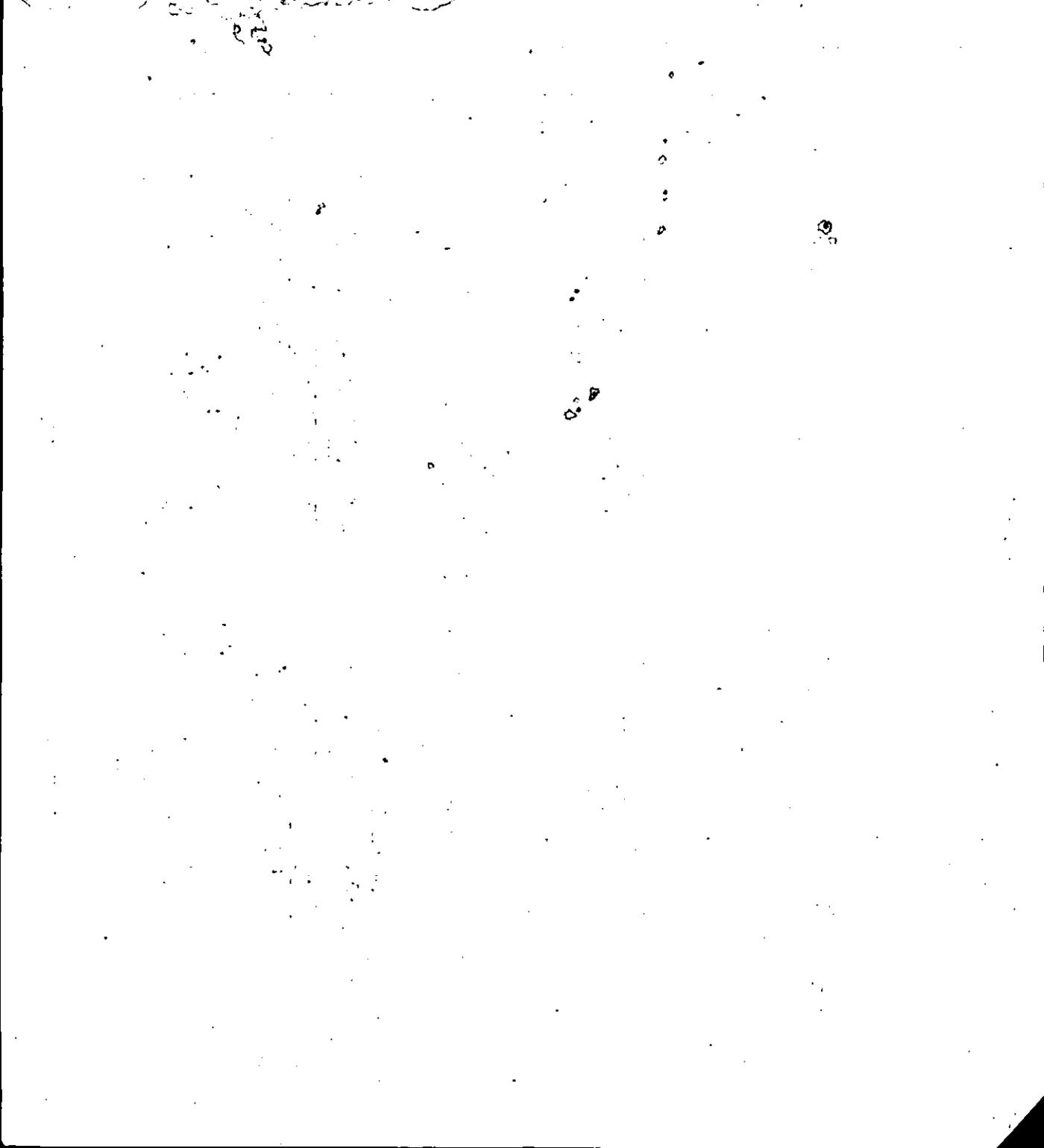
Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. M. Brown M. D.  
 (Address) 2867 a Union Blvd

FATHER	13. NAME <u>Jacob Meyer</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>
MOTHER	15. MAIDEN NAME <u>Magdalena Hallower</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>
17. INFORMANT <u>Louis Waldmann</u> (ADDRESS) <u>5631 Theodosia</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Lucas Cmt</u> DATE <u>Sept. 14</u> 19 <u>34</u>	
19. UNDERTAKER <u>Louis H Bopp</u> (ADDRESS) <u>1111 Union St. Mo.</u>	
20. FILED <u>10 11 1934</u> <u>J. Brebeck</u> Registrar.	

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.

WRITE FAINTLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD



St. Louis City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Emmy Waldron  
Who died at St Johns Hosp on Sept 11th - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 51 Months 6 Days 17

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Coronary Occlusion  
non malignant condition  
on the bladder

Other contributory causes of importance myocarditis chronic  
Name of operation aparotomy Date of \_\_\_\_\_ 9-11-34

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Y  
If death was due to external causes (violence) fill in also the following:

accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician J. M. Brown

Address of physician 2867a Union Blvd

X Signature of Registrar X J. F. Bredek Date filed Oct 30-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McLaugh

State Registrar

Special Agent.

Reg. Dist. No.  
Primary Reg. Dist. No.