

MAY 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis Mo. (No. 2722 Utah St.)..... St. Ward)

File No.
Registered No. **4999**
St. Ward)

2. FULL NAME

Mary Emmenegger
(a) Residence, No. 2722 Utah St. St. 24 Ward. (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 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 Fred

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1863.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) St. Louis Mo.

MOTHER FATHER 13. NAME Adam Bauer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Fred Emmenegger - 2722 Utah St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE May 8 - 1936

19. UNDERTAKER (ADDRESS) Ziegenhain B.R. 2722 1/2 Cherokee St.

20. FILED 7 1936 19 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936, to May 6, 1936

I last saw her alive on May 6, 1936. Death is said to have occurred on the date stated above, at 7:40 a.m.

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

Chronic Interstitial Nephritis Date of onset 2

& Mitral Regurgitation 2

Other contributory causes of importance: 131
Suburinary Emphysema May 2 - 1936
(Hypertension)

Name of operation..... Date of.....
What test confirmed diagnosis? Urinalysis. 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) H. K. Wupper, M. D.
(Address) 3807 S. Broadway

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

