

JUN 29 1937

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis Registration District No. 790 File No. 21336
 2 Township Wentz Primary Registration District No. 60389 Registered No. 182
 4 City Wentz (In St. Louis County, Hospital) St. Wentz Ward 1

2. FULL NAME

Emma Charbonier
 (a) Residence, No. 339 Placed Ave St. Wentz Ward. 1
 (Usual place of abode)
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 4/27 1937, to 5/16 1937.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13, 1867

I last saw her alive on 5/16 1937. Death is said to have occurred on the date stated above, at 7:55 P m.
 The principal cause of death and related causes of importance were as follows:

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

Diabetic Sargone
(left leg)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Other contributory causes of importance:
Diabetes Mellitus
Ch. Myocarditis
Atherosclerosis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Name of operation Amputation of right thigh Date of 4/28/37
 What test confirmed diagnosis? None Was there an autopsy? No

10. Date deceased last worked at this occupation (month and year)

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.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

13. NAME Henry Kettkamp

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

15. MAIDEN NAME Unknown

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

17. INFORMANT George Charbonier (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL St. Louis Cemetery PLACE Trinity Center Mortuary Inc DATE May 19 1937

19. UNDERTAKER 4032 Lindell Blvd (ADDRESS)

20. FILED 5/17 1937 D. J. Squorelli Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify Louis J. Frankler M. D. (Address) St. Louis County Hospo.

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.

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