

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City ST. LOUIS (No. 1414 FARRAGUT ST)  
Registration District No. 791  
Primary Registration District No. 1008  
File No. 25507  
Registered No. 6681  
St. .... Ward)

2. FULL NAME EMMA RUNYAN

(a) Residence, No. 1412 FARRAGUT St., 9 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) JULY 9, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from June 11<sup>th</sup>, 1937, to July 9<sup>th</sup>, 1937  
last saw h. or alive on July 9, 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 29 1866

to have occurred on the date stated above, at 10:25 P. m.  
The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>70</u>	<u>71</u>	<u>2</u>	<u>10</u>	

Carcinoma Uterus Date of onset ?

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

Other contributory causes of importance: sterility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WARRENTON MO.

Name of operation none Date of.....

13. NAME LILBURN W. McCANN

What test confirmed diagnosis Phys exam Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WARREN COUNTY MO.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19.....

15. MAIDEN NAME MATILDA PATHE 14.

Where did injury occur?..... (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT MRS. CLARA COLLIER (ADDRESS) 1427 PENROBE ST

Manner of injury..... Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE FRIEDENS DATE JULY 12, 1937

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER Wiedeman & Sons (ADDRESS) 3934 20<sup>th</sup> St

If so, specify..... (Signed) S. J. Javouet, M. D.

20. FILED JUL 12 1937 J. A. Bredich Registrar.

(Address) 609 N. Grand Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B.—Every item of information should be carefully supplied. A GE should be stated.

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