

REC'D APR 12 1939

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

8632
Do not use this space.

2397

1. PLACE OF DEATH

(a) County 2 Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis (d) Street No. 4431 S. Broadway St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Emma Schott (Emma Schott)
(a) Residence, No. 4431 S. Broadway St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Dr. A. H. Schott**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 10, 1851**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 **4** **2**

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**
9. Industry or business in which work was done, as saw mill, bank, etc.
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) **Germany**

FATHER
13. NAME **Joseph Nilsen**

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

MOTHER
15. MAIDEN NAME **Mary Pingree**

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

17. INFORMANT **Miss M. Jones**
(ADDRESS) **4431 S. Broadway**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Mt. Hope Cem.** DATE **March 14, 1939**

19. FUNERAL DIRECTOR **C. Hoffmeister U. S. L. Co.**
(ADDRESS) **7814 S. Broadway**

20. FILED **MAR 13 1939** **J. B. Budach**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 12, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **7:30**, 1932 to **March 12, 1939**
I last saw **her** alive on **March 10**, 1939 Death is said to have occurred on the date stated above, at **6** m.

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

Arterio-sclerosis 6 years
Senile gangrene of legs
Stroke

Other contributory causes of importance: **Senility**

Name of operation **no** 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? **no** 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 **no**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **Chas E. Flynn, M. D.**
(Signed) **Chas E. Flynn, M. D.**
(Address) **3720 Washington**

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.

X-12204

STATEMENT BY LICENSED EMBALMER

I, Geo. H. Hojman, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Geo. H. Hojman
Licensed Embalmer No. 2426

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)