

Registration District No. **201** Primary Registration District No. _____

1. PLACE OF DEATH: **1003**
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **807 N Market**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Emma Foss**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **unknown**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 20 1880**
(Month) (Day) (Year)

8. AGE: Years **59** Months **4** Days **11**
If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Work**

11. Industry or business **At Home**

12. Name **Aug. Scheffler**

13. Birthplace **Washington Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mathilda Dammermann**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Frank Foss**

(b) Address **3109 Norwood**

17. (a) **Burial** (b) Date thereof **12-4-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **Wm. Schumacher**

(b) Address **3013 Meramec St.**

19. (a) **DEC 4 1939** (b) **J. F. Rudolph**
(Date of local registration) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **807 N Market**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **1st.** 1939
year **5** hour **30** minute **A** M.

21. I hereby certify that I attended the deceased from **Nov 1st** 1939, to **Dec 1st** 1939;
that I last saw her alive on **Nov 30th** 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cholecystitis.**
Due to **Biliary calculi**
Due to **Complete occlusion of Bile Ducts**
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature **G. H. Wilson** (M. D. or other)
Address **436 1/2 Warne** Date signed **12-2-39**

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.

