

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 20 1934

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

Do not use this space.

40527

1. PLACE OF DEATH  
 County Missouri Registration District No. 774  
 Township St. Louis Primary Registration District No. 6.0.18.13  
 City St. Louis No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Margaret Louisa Kemmer  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

File No. 138  
 Registered No. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9th July 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 4 1

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

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

10. Date deceased last worked at this occupation (month and year) 10-10-34 11. Total time (years) spent in this occupation. 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libertyville Ill

13. NAME David Needham

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

15. MAIDEN NAME Manerva Redford

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

17. INFORMANT Mrs. Inez Wood  
 (ADDRESS) Esther mo

18. BURIAL, CREMATION, OR REMOVAL Rockwell Cemetery DATE 11-12-34

19. UNDERTAKER Caldwell Bros  
 (ADDRESS) 1st Park mo

20. FILED 11/20 1934 C.B. Farrer MD  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1934 to Nov 10 1934  
 I last saw her alive on Nov 1 1934 Death is said to have occurred on the date stated above, at 9 A m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Gallbladder  
C. metastatic to liver  
46  
 Other contributory causes of importance:  
Ch. sup. cond.

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Ex. am. 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) C. N. Appleberry M. D.  
 (Address) Flax Run, Mo

