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

Do not use this space.

22682

1. PLACE OF DEATH

County .... Registration District No. 791 .... File No. ....

Township .... Primary Registration District No. 1093 .... Registered No. 6085

City St. Louis Mo. (No. Bethesda Hospital .... St. .... Ward)

2. FULL NAME Emma Level

(a) Residence. No. 3936 Shaw Blv. St., 17 Ward. ....
(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widow

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	1	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: nile

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ....
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Rev. John Shannon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Caroline Shelley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee

14. INFORMANT Mrs Etta Wood
(Address) 3936 Shaw Blv.

15. Filed JUN - 1 19.. Max C. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/3 1929

17. I HEREBY CERTIFY, That I attended deceased from 6/1 1929, to 6/3 1929, that I last saw her alive on 6/3/29, 19.., and that death occurred, on the date stated above, at 6.40 a.m.

The CAUSE OF DEATH* was as follows:

fracture left femur (intertrochanteric)
falling to sidewalk
Accident
(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (SECONDARY) diabetes Mellitus
(duration) 10 yrs. at least ... mos. ... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? X-ray - Urinalysis

(Signed) W. A. Riley, M. D.

6/4, 1929 (Address) 3647 Vista

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Farmington Mo.	June 5 1929

20. UNDERTAKER	ADDRESS
E. J. Schnur	3125 Lafayette Ave

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.

262 1 2 10 185 13

OK [illegible] 6/14/29

intertrochanteric