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.

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

Do not use this space.

19433

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

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

File No. .....

Registered No. 5285

2. FULL NAME Paul Treumann

(a) Residence. No. 4752 Westminster Pl. St. Ward 12
(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)
Male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 1. 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	4	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Vice President 15

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

(c) Name of employer Rice-Stix D.G.Co.

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Bavaria 15

PARENTS

10. NAME OF FATHER Jacob Treumann

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

12. MAIDEN NAME OF MOTHER Babette Ottinger

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

14. INFORMANT Mrs M. Landau
(Address) 4732 Westminster Pl.

15. FILED ..... 19.. Max C. Starkloff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/6 1931

17. I HEREBY CERTIFY, That I attended deceased from 25 April, 1931, to 6 May, 1931, that I last saw him alive on 5-6-1931, and that death occurred, on the date stated above, at 8 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

119 Peritonitis

Operation for Gastric Ulcers

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Operation for Resection of Stomach (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? N/A

DID AN OPERATION PRECEDE DEATH? yes DATE OF April 25

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Max Wringer M. D

5/6, 1931 (Address) 625 University Club

*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
Valhalla Crematory	5/8 1931
20. UNDERTAKER	ADDRESS
Mayer	4356 Lindell