

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

Do not use this space.

39176

**1. PLACE OF DEATH**

County ..... Registration District No. **79L 1003**  
 Township ..... Primary Registration District No. ....  
 City **St. Louis, Mo.** (No. **3614 Dekalb Street**) ..... St. .... Ward)

File No. ....  
 Registered No. **11351**

**2. FULL NAME** Effie Florence Ermev

(a) Residence, No. **3614 Dekalb Street** St., **24** Ward. (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Eugene Ermev**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 4th, 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**49 10 6**

OCCUPATION 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. ....  
 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) **Pacific, Missouri**

MOTHER FATHER 13. NAME **Thomas Wright**

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

MOTHER 15. MAIDEN NAME **Catherine (Unknown)**

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

17. INFORMANT (ADDRESS) **Eugene Ermev 3614 Dekalb Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthew** DATE **Nov. 11th, 1931**

19. UNDERTAKER (ADDRESS) **Wick Bros 2201 St. Grand Boulevard**

20. FILED **Nov 11 1931** **Max Standen** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 10**, 19**31**

22. I HEREBY CERTIFY That I attended deceased from **10:30** **Physician** **Attendant** **Physician**, 19**31**, to **11:30**, 19**31**.

I last saw h. .... alive on ..... 19**31**. Death is said to have occurred on the date stated above, at **7:40** a.m.  
 The principal cause of death and related causes of importance were as follows:

**Pulmonary TB Tuberculosis**  
 Other contributory causes of importance: **23**  
 Date of onset

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19**31**  
 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? .....  
 If so, specify **Yes**  
 (Signed) **J. W. Kemner** M. D.  
 (Address) **1111 St. Joseph**

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.

