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

Do not use this space.

2710

File No. .....

Registered No. 408

1. PLACE OF DEATH

County ..... Registration District No. 1792

Township ..... Primary Registration District No. 408

City St. Louis Mo. (No. 2743 N. Grand Blvd ..... St. ..... Ward)

2. FULL NAME Eugenia Carmel Jacquemin

(a) Residence. No. 3334 N. Florissant St., 20 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-9-1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
—	3	3	

8. OCCUPATION OF DECEASED 10

(a) Trade, profession, or particular kind of work .....

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo. 1 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Arthur Jacquemin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois 2 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Carmel Munier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo 1 (STATE OR COUNTRY)

14. INFORMANT Arthur Jacquemin (Address) 3334 N. Florissant

15. FILED JAN 13 1932, 19.. Max C. Harden REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1932, to Jan 12th, 1932, that I last saw her alive on Jan 12th, 1932, and that death occurred, on the date stated above, at 12:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pr. Status Lymphaticus

Enlarged Thymus

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Ac. Nasopharyngitis Bronchitis (duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED non Diphtheritic

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? Yes 7 chest

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) Enlarged Thymus Thomas P. Hawton, M. D

, 19 (Address) 2743 N Grand

*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: Calvary

DATE OF BURIAL: 1-15 1932

20. UNDERTAKER: Provosh Lund Co

ADDRESS: 3710 N. Grand

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.