

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

Do not use this space.

6478

1. PLACE OF DEATH

County.....
Township.....
City St. Louis. (No. Mo. Baptist Hospital)

Registration District No. 17851
Primary Registration District No. 1785

File No.....
Registered No. 1525 St. _____ Ward _____

2. FULL NAME Emilie Elizabeth Von Eye

(a) Residence. No. 428^a N. 14th St., 12 Ward, E. St. Louis, Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? 17 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 Percy Von Eye

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN. 10, 1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>32</u>	<u>1</u>	<u>5</u>	<u>5</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. at home, 235 house wife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Ridgetown, Canada
(STATE OR COUNTRY) 5

10. NAME OF FATHER John Oniel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hanovers, Canada
(STATE OR COUNTRY) Canada
12. MAIDEN NAME OF MOTHER Agnes Boness
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Milton, Canada
(STATE OR COUNTRY) Canada

14. INFORMANT P. Von Eye
(Address) 428^a N. 14th St. E. St. Louis.

15. FILED FEB 16 1932 M. C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 15 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1932 to Feb. 15 1932 that I last saw her alive on Feb. 15 1932 and that death occurred, on the date stated above, at 5:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Post Partum Hemorrhage
(internal) 14415
921
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Aortic Insufficiency
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 14415
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

19. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS 700
(Signed) H. H. Altner, M. D.
(Address) 516 Metropolitan Bldg.

*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 E. St. Louis, Ill. DATE OF BURIAL Feb. 17 1932

20. UNDERTAKER KURROS, C. Skurrog ADDRESS E. St. Louis, Ill.

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.

