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.

10244

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1005 ..... Registered No. 2263

City St. Louis, Missouri (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Eugenie Dussuchal

(a) Residence, No. 1919 S. Grand Blvd. 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: 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) October 16th, 1859

7. AGE: YEARS 72 | MONTHS 4 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Misic Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)

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) St. Louis, Missouri

FATHER

13. NAME Charles Dussuchal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER

15. MAIDEN NAME Matilde Arbessier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Julius Reinhold Jr. 3029 Longfellow Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS. Peter & Paul DATE March 10, 1932

19. UNDERTAKER (ADDRESS) Weick Bros 2201 S. Grand Boulevard

20. FILED MAR -9 1932 Max C Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7th, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1932, to March 7, 1932

I last saw her alive on March 7, 1932 Death is said to have occurred on the date stated above, at 6:17 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cold or Grippe	2/20
Double acute Broncho pneumonia	3/3

Other contributory causes of importance: 11A 10A (1)

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

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? no

If so, specify .....

(Signed) Edmond Bonnot, M. D.

(Address) 1504 So Grand Blvd.

1500 S Grand
1-3 P.M