

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

Do not use this space.

3624

1. PLACE OF DEATH

County _____ Registration District No. 791

Township _____ Primary Registration District No. 1003B

City St. Louis, Mo. (No. De Paul Hosp) St. _____ Ward _____

File No. _____
Registered No. 564

2. FULL NAME Lillian Jacquemin

(a) Residence, No. 2008 - Robert St., 26 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 Edward Jacquemin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1st 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 59 1 13

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) Hughland, Ills.

13. NAME A. Thalmann

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

15. MAIDEN NAME Not known

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

17. INFORMANT Edward Jacquemin (ADDRESS) 2008 - Robert St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Balvariz DATE Jan 18, 1933

19. UNDERTAKER Ry Leidners Undert Co (ADDRESS) 1417 N. Market St.

20. FILED JAN 16 1933 Registrar [Signature]

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14th 1933

22. I HEREBY CERTIFY, that I attended deceased from Nov 1 - 1932 to Jan 14, 1933
I last saw her alive on Jan 14, 1933. Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset 1931
59
98.3
59
Other contributory causes of importance Diabetes Mellitus 1932
(Rt. Foot)

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____
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 _____ (Signed) Francis J. [Signature], M. D.
(Address) 4114 N. [Signature]

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.

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