

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

Do not use this space.

MAR 2 1934

PLACE OF DEATH

County.....  
Township.....  
City..... **St. Louis**

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. **DePaul, Hospital**)

File No. **6720**  
Registered No. **1577**  
St. .... Ward)

2. FULL NAME **MARY EUMONT**

(a) Residence, No. **2328a Dodier** St., **20** 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) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 10-1858**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**75 3 2**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Wife**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **At Home**  
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) **Missouri**

13. NAME **Mike Gress**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Arthur Bruce 2328a Dodier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Hiram Cemetery** DATE **Feb. 14 1934**

19. UNDERTAKER (ADDRESS) **A. W. McLaughlin 1631 Mississippi Ave.**

20. FILED 19 **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 12, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 31<sup>st</sup>**, 19**34** to **Feb. 12<sup>th</sup>**, 19**34**  
I last saw him alive on **Feb. 12<sup>th</sup>**, 19**34** Death is said to have occurred on the date stated above, at **11:55 a. m.**

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

**Pulmonary Embolism** Date of onset **1 day**  
**1825**  
**1814**

Other contributory causes of importance:  
**obstruction of bowels** Date of onset **10 days**  
**relieved by operation**

Name of operation **Relief of obstruction** Date of **7/3**  
What test confirmed diagnosis 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?  
If so, specify **Arthur Samuelson**, M. D.  
(Signed) **Arthur Samuelson**  
(Address) **2201 University**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. **NEVER** mention amount of cemetery supplied. AGE should be stated EXACTLY. PHYSICIANS should state



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. ....)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 1591 St. .... Ward)

**2. FULL NAME**

Mary Eumont

(a) Residence, No. .... St., .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or ..... min.

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 19 1934 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19.....

I last saw him alive on ....., 19..... Death is said

to have occurred on the date stated above, at ..... m.

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

Obturator foramen fracture

Other contributory causes of importance

abstraction of base of skull  
relieved by operation  
caused by Post operative

Name of operation adhesions Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) ....., M. D.

(Address) .....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-6720