

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.

DEC 3 1936

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

Do not use this space.

791

42533

1. PLACE OF DEATH

County ..... Registration District No. **1005**  
Township ..... Primary Registration District No. ....  
City ST. LOUIS (No. 1007, S. Sixth St. .... Ward)

File No. ....  
Registered No. **11036**

2. FULL NAME

Emily Almus  
(a) Residence, No. 1007 S. 6<sup>th</sup> St., 22 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>April 24</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 1878</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>6</u>
	DAYS <u>13</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	11. Total time (years) spent in this occupation.....
	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).....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
FATHER	13. NAME <u>Michael Almus</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Mary Yagel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Joseph Almus 1007 S. 6<sup>th</sup> St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S. Peter &amp; Paul</u> DATE <u>11-6</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>With Bro. L. Nils 2429 S. Jefferson Ave.</u>		
20. FILED <u>NOV 5 1936</u> <u>J. Thebeck</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/1/1936 to 11/3/1936  
I last saw her alive on 11/3/1936 Death is said to have occurred on the date stated above, at 11/3/1936 m.  
The principal cause of death and related causes of importance were as follows:  
Cirrhosis of Liver Date of onset 9/1/36  
1/24/36

Other contributory causes of importance:  
None

Name of operation None Date of .....  
What test confirmed diagnosis? Direct 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 Yes  
(Signed) Geo. D. Young M. D.  
(Address) 5251 Natural Bridge

On Friday

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