

DEC 13 1937

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

39762

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008**  
(c) City **St. Louis** (d) Street No. **Firmin Desloge Hospital** Registered No. **10749**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**Marie D. Eyraud**  
(a) Residence, No. **4527 A Chouteau Ave.** St. **18**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **OCT. 30, 1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**35** 58 0 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**  
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) **Belgium**

FATHER 13. NAME **Noel Kempis**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Belgium**

MOTHER 15. MAIDEN NAME **Unknown**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Belgium**

17. INFORMANT **Marius A. Eyraud**  
(ADDRESS) **4527 A Chouteau Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **11-22**, 19 **37**

19. FUNERAL DIRECTOR **Kriegshauser Mortuaries**  
(ADDRESS) **4228 So. Kingshighway**

20. FILED 19 **J. Bredeck**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-19 19 37**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 30, 1937, to Nov 19, 1937**  
I last saw her alive on **Nov 19, 1937**. Death is said to have occurred on the date stated above, at **10:15 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Carcinoma of Liver Metastatic** Date of onset **9/30/37**  
**Pulmonary Embolus** **11/19/37**

Other contributory causes of importance: **H & C**

**Carcinoma of Hepatic duct (Primary)** **9/30/37**

Name of operation **None** Date of.....  
What test confirmed diagnosis? **All Clinical** 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? **No**  
If so, specify.....  
(Signed) **J. Bredeck**, M. D.  
(Address) **833 Mo. State Bldg.**

NOV 22 1937

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Edwin M. McQuinn*  
Licensed Embalmer No. *3024*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)