

REC'D FEB 10 1939

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

803
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **5357 Gilson Ave** St. **803**
 (e) Length of residence in city or town where death occurred **36** yrs. mos. ds. (f) How long in U.S., if of foreign birth? **36** yrs. mos. ds.

2. PRINT FULL NAME Eugenia Grewis

(a) Residence, No. **5357 Gilson Ave.** St. **15** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 6th 1886**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 9 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **housewife**
 9. Industry or business in which work was done, as saw mill, bank, etc. **at home**
 10. Date deceased last worked at this occupation (month and year) **Nov. 1935** 11. Total time (years) spent in this occupation **35**

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

FATHER 13. NAME **Grummel**

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

MOTHER 15. MAIDEN NAME **Grummel unknown**

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

17. INFORMANT **Carl Grewis**
 (ADDRESS) **5357 Gilson Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunsett Burial Pk Jan 26th 1939**

19. FUNERAL DIRECTOR (NAME) **Henry L. Weidmueller**
 (ADDRESS) **JAN 26 1939 6203 Gravois Ave.**

20. FILED **J. B. Brubaker** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 23 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 18**, 19**38**, to **Jan 23**, 19**39**

I last saw her alive on **Jan 20**, 19**39**. Death is said to have occurred on the date stated above, at **6:30 P.M.**

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

Cirrhosis of Liver 1938

Other contributory causes of importance:

Ascites
Chronic Myocarditis

Name of operation..... Date of.....

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? **no**

If so, specify.....

(Signed) **Arthur Youerman**, M. D.

(Address) **4607 Gravois St. St. Louis**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 2575

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.