

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
St. Louis (No. *Deaconess Hospital*)

File No. **18622**
 Registered No. **5115**
 St. _____ Ward _____

2. FULL NAME

Mary Margaret Umblauf
 (a) Residence, No. *18 Glenview Place* St. *N.R.* Ward *Webster Groves*
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. *1* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Christiana Umblauf</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 13 1875</i>		
7. AGE	YEARS <i>59</i>	MONTHS <i>3</i>
	DAYS <i>7</i>	IF LESS than 1 day,hra. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>At Home</i>	
	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) <i>Webster Groves Missouri</i>		
FATHER	13. NAME <i>Henry Wehmer</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Friederika Hilbert</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT <i>Julius J. Sims</i> (ADDRESS) <i>113 1/2 Hill Ave Webster Groves</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Oak Hill</i> DATE <i>May 22 1934</i>		
19. UNDERTAKER <i>Parker</i> (ADDRESS) <i>Webster Groves</i>		
20. FILED <i>21</i> 19 <i>34</i> <i>J. Brebeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 20 1934*

22. I HEREBY CERTIFY, That I attended deceased from *May 15 1934*, to *May 20 1934*
 I last saw her alive on *May 19 1934* Death is said to have occurred on the date stated above, at *1:45* p. m.
 The principal cause of death and related causes of importance were as follows:
Streptococcus Meningitidis Date of onset *48 hrs.*

Other contributory causes of importance:
Septicemia 3 days

Name of operation *Spinal Puncture* Date of *5/19/34*
 What test confirmed diagnosis? *Gram's bacteria* Was there an autopsy? *No*

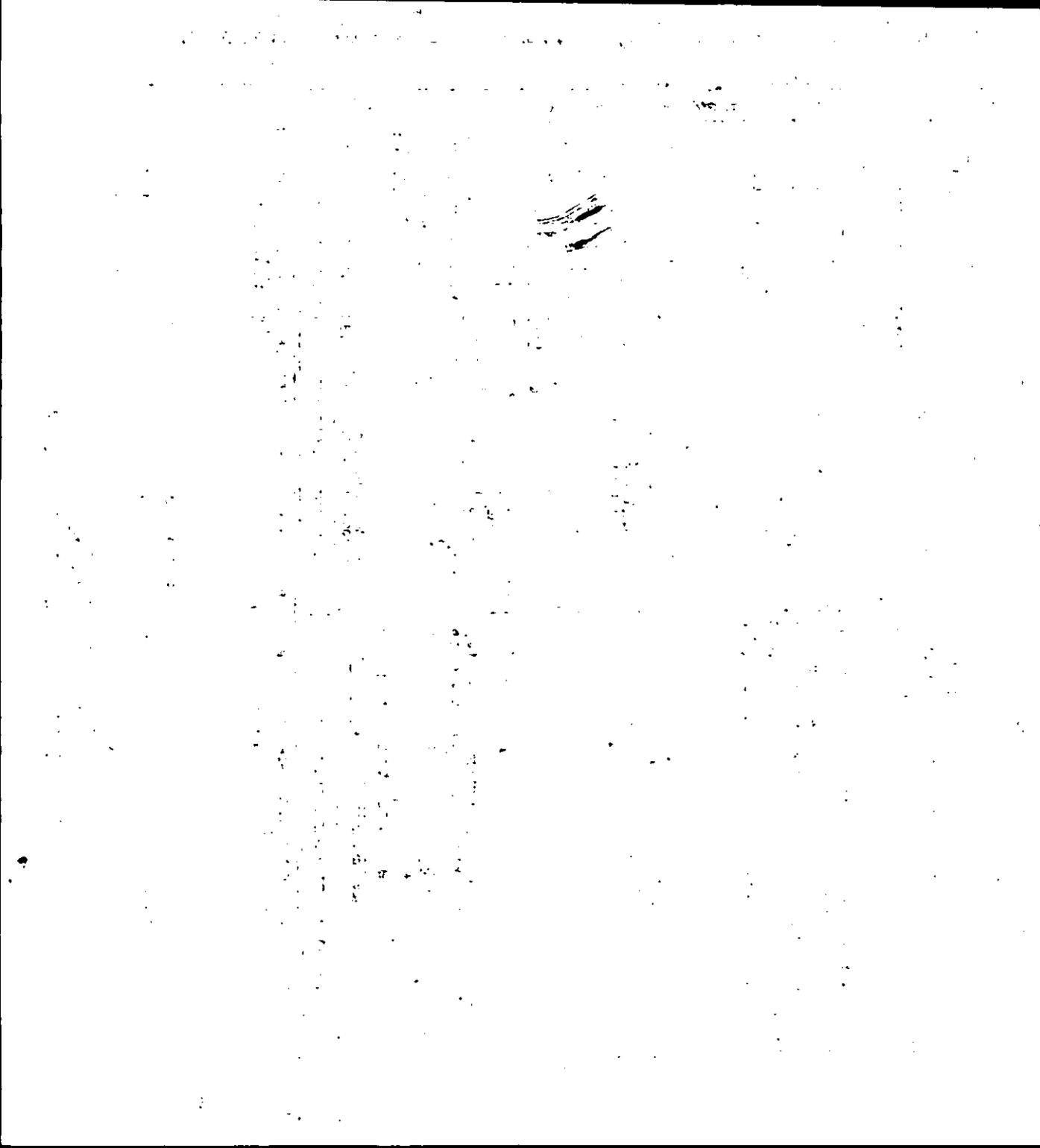
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) *Arthur H. Westrup*, M. D.
 (Address) *204 E. Big Bend Webster Groves, Mo*

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.

JUN 19 1934



St Louis City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mary Margaret Umbauf
Who died at _____ on May 20 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 59 Months 3 Days 7

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) 1900

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Streptococcus meningitidis
Was not Epidemic Meningitis

Other contributory causes of importance _____

Name of operation _____ Date of _____

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

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Dr. A.W. Westrup

Address of physician _____

Signature of Registrar G. F. Brebeck 9-17-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 791

E. T. McGaugh M.D.

Primary Reg. Dist. No. 1003

Special Agent.

Saw not Registrar

A.W. Westrup M.D.

E.C.

UNITED STATES GOVERNMENT

INTERNAL SECURITY - C

CONFIDENTIAL

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 05/11/2011 BY 60322 UCBAW/STP

1934
5-18622