

REC'D JUN 9 1938

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

16589
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. **4831 Margaretta Ave** Registered No. **4450**
(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 **Catherine DuMont**

(a) Residence, No. **4831 Margaretta Ave** St. **7** (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 (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charles M DuMont**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 1st 1872**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 4 12

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Peoria** (STATE OR COUNTRY) **Illinois**

13. NAME **Luke Lamb**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Margaret Grant**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mass**

17. INFORMANT **Charles M DuMont** (ADDRESS) **4831 Margaretta Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **May 17th 1938**

19. FUNERAL DIRECTOR **Stroot - Carroll** (ADDRESS) **4600 Natural Bridge**

20. FILED **MAY 15 1938** **J. P. Brudner** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 13th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **January 4, 1938**, to **May 13, 1938**
I last saw him alive on **May 12, 1938**. Death is said to have occurred on the date stated above, at **7.20p**
The principal cause of death and related causes of importance were as follows:

myocarditis (chronic) Date of onset **not known**

Other contributory causes of importance: **anemia** 1 year

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) **George Mueller**, M. D.
(Address) **1150 2 St. Louis**

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. 2265
working under my personal supervision.
Signed Frank H. Stora
Licensed Embalmer No. _____

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.)