

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

Do not use this space.

19597

1. PLACE OF DEATH

County.....

Registration District No.....

791

1003

File No.....

Registered No.....

5299

Township.....

Primary Registration District No.....

St.....

Ward.....

2. FULL NAME

(a) Residence. No. 5551 238 St. 15 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1927

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

17. I HEREBY CERTIFY, That I attended deceased from June 4 1927 to June 5 1927 that I last saw him alive on June 5 1927 and that death occurred, on the date stated above, at 1057 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23 - 1874

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 | 5 | 12 | 0 | 0 | 0

Chronic Myocarditis.
930 (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTORY (SECONDARY) 90 B (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Paris (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Wm Jasler

8 Did an OPERATION PRECEDE DEATH..... DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

18. WAS THERE AN AUTOPSY.....

12. MAIDEN NAME OF MOTHER Julia Keenig

WHAT TEST CONFIRMED DIAGNOSIS..... (Signed) Thos C. W. G. M.D. 6/6, 1927 (Address) City Hospital

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) City Hospital

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Old St. Marcus Cem DATE OF BURIAL 6-8 1927

15. FILED JUN -7 1927 may 6 Starved REGISTRAR

20. UNDERTAKER Weick Bros 2201 So Grand ADDRESS

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.

Jesle ✓