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

Do not use this space.

22492

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6122

City ..... (No. 7107 S. Broadway St. ..... Ward)

2. FULL NAME Mary Jasper

(a) Residence. No. 7107 S Bdy St., 1 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis B Jasper

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 11-1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	3	20	

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

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

PARENTS

10. NAME OF FATHER: Henry Heller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Mary Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT: John Jasper
(Address) 7107 S Bdy

15. FILED JUL -2 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July-1 1927

17. I HEREBY CERTIFY, That I attended deceased from 11 June, 1927, to July 1, 1927 that I last saw her alive on 1 July, 1927 and that death occurred, on the date stated above, at 3.55 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94A
118C
89
(duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (SECONDARY): Dyspepsia
(duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Edward Rotter, M. D
July 1, 1927 (Address) 7310 Michigan av

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New St Marcus
DATE OF BURIAL: 7-3 1927

20. UNDERTAKER: Southern
ADDRESS: 7315 S. Broadway

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.