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.

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

Do not use this space. 2805

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. F 384

City ST. LOUIS (No. 5895 CATES AVE. St. ..... Ward)

2. FULL NAME JURGEN HENRY JURGENS

(a) Residence. No. 5895 CATES AVE St., 5 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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ WILHELMINA JURGENS (DECEASED)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27th, 1844

7. AGE: YEARS 83 | MONTHS 2 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work RETIRED CASHIER
(b) General nature of industry, business, or establishment in which employed (or employer) TOBACCO MFR.
(c) Name of employer (LAST) C. PEDER TOBACCO CO.

9. BIRTHPLACE (CITY OR TOWN) [illegible] HANOVER
(STATE OR COUNTRY) GERMANY

PARENTS

10. NAME OF FATHER Johann JURGENS
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) GERMANY
12. MAIDEN NAME OF MOTHER GESCHE HARMS
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) GERMANY
(STATE OR COUNTRY)

14. INFORMANT Henry F. Jurgens
(Address) 211 So. Central av., Clayton Mo.

15. FILED ..... 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1928

17. I HEREBY CERTIFY, That I attended deceased from June 7 1927, to January 11 1928 that I last saw him alive on January 9, 1928 and that death occurred, on the date stated above, at 5:20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endo-myo-pericarditis
Chronic
92A
93C
95B
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cardiac Dropsy
(duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C. E. Barnett, M. D
Jan 11, 1928 (Address) 209 Sherkwood Rd Kirkwood 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine Cem.
DATE OF BURIAL: Jany 14th 1928.

20. UNDERTAKER: C. R. Lupton
ADDRESS: Olive Street. #4449