Dr Cowell 1141 Pine St

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

Do not use this space.

File No. 15745 31 A7

Registered No. 4746

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis Mo. (No. 2642, Allen St. ..... Ward)

2. FULL NAME Fredericka Juergens

(a) Residence. No. 2642 Allen St., 23 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Juergens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 30 - 1853.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	2	29.	

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

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

PARENTS

10. NAME OF FATHER John Frank

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

12. MAIDEN NAME OF MOTHER Mary Bolinger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany.

14. INFORMANT Wm Juergens.
(Address) 2642 Allen Ave.

15. FILED MAY - 1 1928 Mary C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 — 29 1928

17. I HEREBY CERTIFY, That I attended deceased from 8/28, 1928, to 4/29, 1928, that I last saw h. ..... alive on 4/29 800, 1928, and that death occurred, on the date stated above, at 800 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Liver
4 hrs
44 (duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (SECONDARY).....
..... (duration) ..... yrs. ..... 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) H.R. Cowell, M. D
4/30, 1928 (Address) 1141 Pine St

*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	DATE OF BURIAL
New St Marcus	5-2 1928
20. UNDERTAKER	**ADDRESS**
Weick Bros	2201 So Grand

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.