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.

3 2929

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

Do not use this space.

37946

1. PLACE OF DEATH

County St Charles — Registration District No. 756 — File No.

Township Portage Des Sioux — Primary Registration District No. 5997 — Registered No.

City Flats (No. ..... St. ..... Ward)

2. FULL NAME Agnes Sammelmann

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

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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov-20-1878

7. AGE: Years 49 — Months 11 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Peters Mo

PARENTS

10. NAME OF FATHER: Joseph Fitsch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St Peters Mo
12. MAIDEN NAME OF MOTHER: Catherine Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Peters Mo

14. INFORMANT × Chas Sammelmann
(Address) St Charles Mo

15. FILED Nov 12 1928 C A Barnard MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Nov 11, 1928, that I last saw her alive on Nov 9, 1928, and that death occurred, on the date stated above, at 10.20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Aneurism
96
110 B / 102 B
(duration) yrs. 12 mos. ds.

CONTRIBUTORY (SECONDARY): Pleuritic Effusion
(duration) yrs. 1 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? .....

Nov. (Signed) J. M. Jenkins, M. D
, 19 (Address) St Charles, 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: St Chas Bellomo Cem — DATE OF BURIAL: Nov 14 1928

20. UNDERTAKER: H L Dallmeyer & Sons Co — ADDRESS: St Charles Mo