

AUG 22 1929

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

Do not use this space.

23877

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 2214 Union Street) St. _____ Ward _____

File No. _____
Registered No. 871
St. _____ Ward _____

2. FULL NAME

Amelia Jenger

(a) Residence No. 2214 Union Street St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U.S., if of foreign birth? 60 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 6 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER John Zibold

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs John Muchenberger
(Address) 2214 Union Street

15. FILED 22 1929
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20, 19 29

17. I HEREBY CERTIFY, That I attended deceased from July 12/29 to July 20, 19 29
that I last saw her alive on July 20/29 1929, and that death occurred, on the date stated above, at 1/20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
108
92A (duration) _____ yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) mitral insufficiency
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
St Joseph Mo
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) Jes Mauer, M. D.

July 20 19 29. (Address) 825 - Charles

*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 Mount Olivet Cemetery DATE OF BURIAL July 23 1929

20. UNDERTAKER H.C. Sidenfaden ADDRESS 1802 Union Str.

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.

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11 6 9

