

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

Do not use this space.

14236
3574

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *7911*
Primary Registration District No. *3703*

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

2. FULL NAME

Bertha Jaenger
(a) Residence. No. *3505 Humphrey* St., *16* Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <i>Bendix Jaenger</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Nov. 3, 1884</i>		
7. AGE YEARS <i>45</i>	MONTHS <i>5</i>	DAYS <i>6</i>
If LESS than 1 day, hrs. or min.		

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

9. BIRTHPLACE (CITY OR TOWN)..... *Mo*
(STATE OR COUNTRY)

10. NAME OF FATHER *Edward Meyer*

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

12. MAIDEN NAME OF MOTHER *Mary Drehmann*

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

14. INFORMANT *Bendix Jaenger*
(Address) *3505 Humphrey*

15. FILED! *11 1930* *Max C. Stuber*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 9, 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Jan*, 19*27*, to *April 9, 1930*
that I last saw h. *et* alive on *April 8, 1930*, and that death occurred, on the date stated above, at *12:45 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Uteri + Adnexa
48
401 B
3505 (duration) *2* yrs. mos. ds.
CONTRIBUTORY *Uterine Intestinal Fistula*
(SECONDARY) (duration) *6* mos. ds.

18. WHERE WAS DISEASE CONTRACTED..... *401 B*
IF NOT AT PLACE OF DEATH.....
1 DID AN OPERATION PRECEDE DEATH? *No* DATE OF *6/127 - 4/2/30*
WAS THERE AN AUTOPSY? *No*
WHAT TEST CONFIRMED DIAGNOSIS? *Every*
(Signed) *W. D. Aufderhorde*, M. D.
4/10, 19*30* (Address) *3163 Arsenal 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 *Our Redeemer Cem.* DATE OF BURIAL *Apr. 11, 1930*

20. UNDERTAKER *Drehmann / Saral* ADDRESS *1905 Union*

WRITE PLAINLY, WITH BOLDING INK--THIS IS A PERMANENT RECORD

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.

W. D. Aufderheide

Arsenal + Minnesota

9-10 AM

7-8 PM