WRITE PLAINLY, WITH UNFADING 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.

NOV 28 1931

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

Do not use this space.

35688

1. PLACE OF DEATH
County St Louis — Registration District No. 1120 — File No.
Township — Primary Registration District No. 6248H — Registered No. 233
City Richmond Hts Mo. — St Marys Hosp. — St. — Ward)

2. FULL NAME Harriett Jaschka
(a) Residence, No. Coronado Hotel St., Ward. St Louis Mo.
(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 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 John H. Jaschka.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4. 1890
7. AGE YEARS 41 MONTHS 2 DAYS 29. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER
13. NAME R. A. Mould.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

MOTHER
15. MAIDEN NAME Belle T Davis.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT (ADDRESS) John H. Jaschka. Coronado Hotel
18. BURIAL, CREMATION, OR REMOVAL
PLACE Galion. Ohio DATE Oct 4. 1931
19. UNDERTAKER (ADDRESS) Mullen Und Co. 5165 Delmar Blvd.
20. FILED 10/3 1931 C. L. Jessen Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 3rd, 1931
22. I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to October 3rd, 1931.
I last saw her alive on October 2nd, 1931. Death is said to have occurred on the date stated above, at 3 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytosis (Agranulocytic Angina)	May 1931
115 A	
74	

115a

Other contributory causes of importance:

Name of operation History, Physical Exam Date of
What test confirmed diagnosis? + Laboratory Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G. O. Brown, M. D.
(Address) 1536 Papin St.