

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

Do not use this space.

27995

1. PLACE OF DEATH

County..... Registration District No. 707
Township..... Primary Registration District No. 1009
City St. Louis No. 5018 Gates ave

File No. 17878
Registered No. 17878
St. 12 Ward

2. FULL NAME

(a) Residence, No. 5018 Gates ave St. 12 Ward.

(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 Male 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 Jessie Juehne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28-1883

7. AGE YEARS 49 MONTHS - DAYS - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter/Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 279

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) Mo 1

13. NAME Chas Juehne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany, 10

15. MAIDEN NAME Minna Barbock

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

17. INFORMANT Jessie Juehne (ADDRESS) 5018 Gates ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla DATE Aug 30 1932

19. UNDERTAKER Telegraph Trust Co (ADDRESS) 3125 Lafayette ave

20. FILED AUG 29, 1932 Miss C. Starcken Registrar

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1932

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertension Date of onset

932 9th

Other contributory causes of importance:

Name of operation..... Date.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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? If so, specify.....

(Signed) T. J. Cross M.D. (Address).....

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.

V. S. No. 2

8/30/32

