

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

Do not use this space.

6964

1. PLACE OF DEATH  
 92 County St. Charles Registration District No. 757  
 4 Township St. Charles Primary Registration District No. 3036  
 8 City St. Charles No. 717 S. Benton Ave. St. 1st Ward)  
 2. FULL NAME Carl Heinrich Jennerjahn  
 (a) Residence, No. 717 S. Benton Ave. 1st Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jennerjahn  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1844  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
88 10 19  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Janitor  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools  
 10. Date deceased last worked at this occupation (month and year) ..... about 15 yrs ago 11. Total time (years) spent in this occupation. 30 yrs  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schaerwentine, Germany  
 13. NAME Henry Jennerjahn  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Frederika Schult  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT Edwin Jennerjahn  
 (ADDRESS) 717 S. Benton Ave., St. Charles, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cemetery DATE Feb 14, 1933  
 19. UNDERTAKER Steinbrinker's  
 (ADDRESS) St. Charles, Mo.  
 20. FILED 7/13 1933 H. B. Bloebaum  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11<sup>th</sup>, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to Feb 11, 1933  
 I last saw h. alive on Feb 10, 1933 Death is said to have occurred on the date stated above, at 4:05 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Essential Pneumonia Date of onset 10/29/32  
Pericarditis  
 Other contributory causes of importance: Sclerosis  
 Name of operation Clempy Date of .....  
 What test confirmed diagnosis? ..... 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 St. Charles, M. D.  
 (Signed) St. Charles  
 (Address) St. Charles, Mo.

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.

31 1933

10  
10  
10

