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.

AUG 26 1933

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 24972

Township ..... Primary Registration District No. 1003 Registered No. 6389

City St. Louis Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Lenora Mary Joggerst

(a) Residence, No. ..... St., 12 Ward. St. Genevieve 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 26 - 1911

7. AGE: YEARS 22 MONTHS 3 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Ste Genevieve Mo

FATHER

13. NAME Joseph Joggerst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Ann L. Seibert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Joseph Joggerst

18. BURIAL, CREMATION, OR REMOVAL PLACE Ste Genevieve Mo DATE 7-25 1933

19. UNDERTAKER (ADDRESS) Leo Basler Und Ste Genevieve Mo

20. FILED ..... 19 J. F. Bredick Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 22 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 7 - 16 - 1933, to 7 - 22 - 1933

I last saw her alive on 7 - 22 - 1933. Death is said to have occurred on the date stated above, at 11:55 P.m.

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

Brain Tumor - (Benign) - Date of onset Mar. 1933

54 D

57 B

54 D

Other contributory causes of importance:

Name of operation Craniotomy Date of July 14 1933

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? No

If so, specify .....

(Signed) E. W. Moor, M. D.

(Address) B[illegible]