

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

Do not use this space.

34263

**1. PLACE OF DEATH**

95 County St. Genevieve  
Township St. Genevieve  
City..... (No. ....) St. .... Ward)

Registration District No. 780  
Primary Registration District No. 6025

File No. ....  
Registered No. 52

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 5 mos. 7 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
80 5 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) St. Genevieve Co Missouri

13. NAME David Vleath

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

15. MAIDEN NAME Theresia Haginmiller

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

17. INFORMANT Joseph A. Jakesat (ADDRESS) St. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Zell Mo DATE Oct. 19 1933

19. UNDERTAKER Geo. C. Boster (ADDRESS) St. Genevieve Mo

20. FILED Oct 17 1933 T. W. Douglas Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1933

22. I HEREBY CERTIFY That I attended deceased from Oct 14 1933 to Oct 16 1933 I last saw her alive on Oct 16 1933 Death is said to have occurred on the date stated above, at 12:30 p.m. The principal cause of death and related causes of importance were as follows:

Coronary Myocarditis Date of onset 4 days  
93A  
37A

Other contributory causes of importance:  
Arteriosclerosis 4 days  
Arterio-sclerosis 10 yrs

Name of operation None Date of ✓  
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

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) J. J. Chappard, M. D.  
(Address) St. Genevieve Mo

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 10 1933

