

MAY 25 1934

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

Do not use this space.

13544

## 1. PLACE OF DEATH

County Marion  
Township Johnson  
City Vichy (No. ...., Ward)

Registration District No. 546  
Primary Registration District No. 5735

File No. ....  
Registered No. 5 St. .... Ward)

## 2. FULL NAME

Ernest J. Jurgensmeyer  
(a) Residence, No. Vichy, Mo. St. .... Ward

(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 ♂ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
29 6 3

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1792  
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) Vichy13. NAME Ernest Jurgensmeyer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis15. MAIDEN NAME Elizabeth Bengemann16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waldorf17. INFORMANT Mrs. Ernest W. Wicker (ADDRESS) Vichy, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Macedonia DATE Apr. 22 193419. UNDERTAKER W. L. & Son (ADDRESS) Waldorf, Mo.20. FILED May 10 1934 Saw a Warner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ..... 19.....

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Poison Date of onset

.....

.....

.....

.....

.....

.....

.....

Other contributory causes of importance:

.....

.....

.....

.....

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

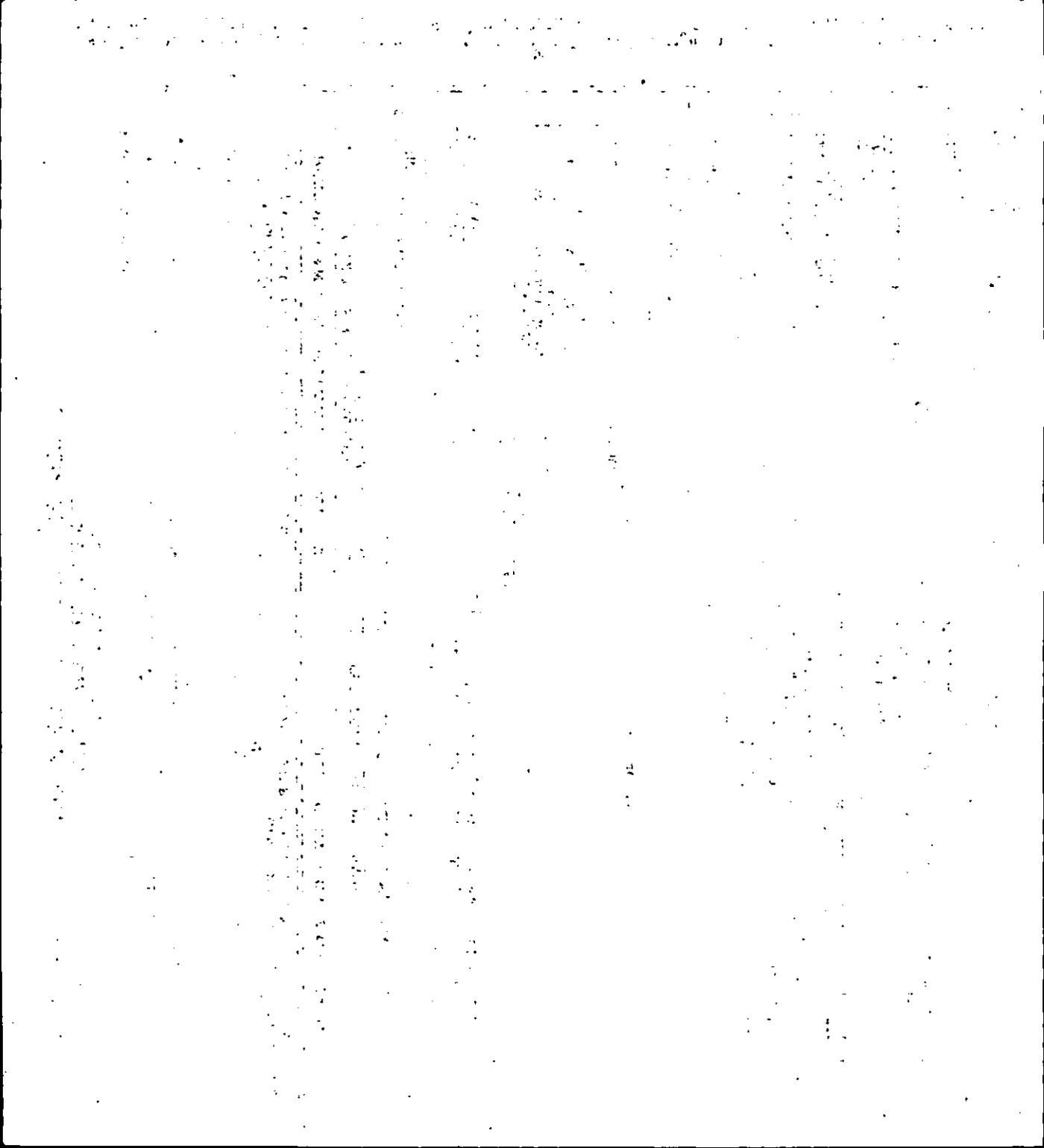
.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) O. J. Jones, M. D.(Address) Vichy, 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.



*Marries*

WASHINGTON

13544

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Emma Jurgensmeyer  
Who died at \_\_\_\_\_ on Apr 18-1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 29 Months 6 Days 3

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Prison - Sodie Floide Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) \_\_\_\_\_  
Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) \_\_\_\_\_  
Principal cause of death: Prison - Sodie Floide accidental

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician O H Jones  
Address of physician Becky mo

Signature of Registrar Sam A. Warner Date filed May 10 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 546 Very truly yours,

Primary Reg. Dist. No. 5795

*E. T. McGaugh*  
Special Agent. State Registrar

S-13544