

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

Do not use this space.

21779

1. PLACE OF DEATH

County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 6033a
 City Clayton (No. 7532 Parkdale Dr.) St. _____ Ward _____

File No. _____
 Registered No. 194
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7532 Parkdale Dr. St. _____ Ward Clayton 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will H. Jaspering
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1880
 7. AGE YEARS 53 MONTHS 1 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 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) Mr. Perna, Ill

FATHER
 13. NAME William Stinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (unknown) Maryland

MOTHER
 15. MAIDEN NAME Katherine Pennington

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

17. INFORMANT (ADDRESS) Decina Jaspering # 7532 Parkdale Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 6-16-34

19. UNDERTAKER (ADDRESS) R.R. Leptore & Sons, # 12119 Olive Street

20. FILED 6/15, 1934 Robert Jambro Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14th, 1934
 22. I HEREBY CERTIFY That I attended deceased from 6-5-34, 1934, to 6-14-34, 1934
 I last saw h. or alive on 6-14-34, 1934. Death is said to have occurred on the date stated above, at 7:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus & generalized carcinomatosis
 1/8
 Other contributory causes of importance: W
 Date of onset: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Biopsy 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 _____
 (Signed) Howell Schuster, M. D.
 (Address) 4500 Olive

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. JUL 21 1934

Mr. Newell Schleuter
Univ. Club Bldg
Je 4694

4500 Olive
FO 3800
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