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.

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

Do not use this space.

31394

1. PLACE OF DEATH SEP 13 1934

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, ~~Missouri~~. (No. 3633a Shenandoah St. ..... Ward)

File No. .....

Registered No. 8709

2. FULL NAME Mrs. Wilhelmina Jack

(a) Residence, No. 2522a California St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 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: Mr. Leopold Jack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 8, 1864

7. AGE: Years 70 | Months 7 | 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.: Housewife

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): Hanover, Germany

FATHER

13. NAME: Wilhelm Meyer

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

MOTHER

15. MAIDEN NAME: Anna Holtermann

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

17. INFORMANT (ADDRESS): Mrs. Joseph Klein 3633a Shenandoah

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Cemetery DATE August 30, 34

19. UNDERTAKER (ADDRESS): Biederwieden Funeral Home, Inc. 1936 St. Louis Avenue

20. FILED AUG 30 1934, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-10-30, 19..., to 8-28-34, 19...

I last saw her alive on 8-27-34, 19... Death is said to have occurred on the date stated above, at 2:40 A.m.

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

Sarcoma of Cheek
Metastases to Left Lung
45B
48B
50

Date of onset: 2/10/30

Other contributory causes of importance:
Diabetes Melitus

HS

Name of operation: None Date of .....

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? NO 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) Theo. H. Hauser, M. D.

(Address) 3651 Grandel Square