

NOV 13 1934

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

Do not use this space.

37280

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City

St Louis - Mo. (No. St Lukes Hospital)

File No.....

Registered No. 9672

St.....

Ward)

2. FULL NAME

(a) Residence, No. Mrs. Priscilla Jurgensmeyer
(Usual place of abode) New Truston - Mo. St. 7th Ward. New Truston Mo

Length of residence in city or town where death occurred

2 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Eli Jurgensmeyer

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

March 10 - 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

65

6

21

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

New Truston Mo

13. NAME

Henry Niehus

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

Germany

15. MAIDEN NAME

Mary Druncet

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

Unknown

17. INFORMANT
(ADDRESS)Elias Jurgensmeyer
Stewartson, Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Truston Mo DATE 10-4 1934

19. UNDERTAKER

(ADDRESS) Albert H. Hoppe Inc
421 N. Euclid Ave

20. FILED

OCT - 2 1934

J. Bredek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1934

22. I HEREBY CERTIFY, That I attended deceased from
Sept 30th 1934 to Oct 1st 1934I last saw her alive on Oct 1st 1934. Death is said
to have occurred on the date stated above, at 9:45 p.m.

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

Cardio-nephritis

Date of onset

?

Other contributory causes of importance:

Acute Urinary Suppression

Name of operation None Date of.....

What test confirmed diagnosis? Blood Chemistry, 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) Dr. P. Stutzman, M. D.

(Address) University Clinic Bldg

St Louis - 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.

WHITE PERMIT, WITH OBTAINING INSTRUMENTS IS A PERMANENT RECORD

