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.

DEC 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 40675

Township ..... Primary Registration District No. ..... Registered No. 10606

City St. Louis (No. 3666 Montana St. ..... St. ..... Ward)

2. FULL NAME Elizabeth Jaeckel

(a) Residence, No. 3666 Montana St. St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nicholas Jaeckel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22nd. 1852

7. AGE: YEARS 82 | MONTHS ---- | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work
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) Illinois

FATHER
13. NAME Louis Meng
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Amelia Mohr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Hilda C. Fischer (ADDRESS) 3666 Montana St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut hill--Belleville DATE Nov. 5th. 1934

19. UNDERTAKER Wm. Schumacher (ADDRESS) 3013 Meramec Street

20. FILED NOV -5 1934, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1929, to Nov 3rd, 1934

I last saw her alive on Nov 3rd, 1934 Death is said to have occurred on the date stated above, at 9:10 p.m.

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

Septicemia due to Gangrene of left foot and dam — Date of onset: 5 days

Other contributory causes of importance: Arterio-Sclerosis — 4 years

Name of operation None Date of

What test confirmed diagnosis? Blood 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) R. B. Armstrong, M. D.

(Address) 2844 S. Cor. Ave.