

**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. 791
 Township..... Primary Registration District No. 1008
 City St. Louis (No. Washington Hotel) St. Ward)

2945

File No.
 Registered No. 173

2. FULL NAME

Jenny Aufrichtig
 (a) Residence No. Washington Hotel Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds.
 (If nonresident, give city or town and State)
 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 Alois Aufrichtig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 yr. hrs. or min.
70 6 22

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) Olmitz, Bohemia

13. NAME Adolph Lederer

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

15. MAIDEN NAME Fannie Fishel

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

17. INFORMANT Albert Aufrichtig
 (ADDRESS) 7521 Stanford Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai Cem. DATE Jan 6 1935

19. UNDERTAKER Herman Rindkopf
 (ADDRESS) 5016 Delmar St.

20. FILED 50 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 31 1934 to Jan 4 1935
 I last saw him alive on Jan 4 1935 Death is said to have occurred on the date stated above, at 11 m.

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

myocarditis acuta caused by pneumonia
 Date of onset Dec 31, 1934

Other contributory causes of importance: Broncho pneumonia

Name of operation..... Date of.....
 What test confirmed diagnosis? Staph 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) A.M. Frank, M. D.
 (Address) 714 Washington St.

WRITE PLAINLY, WITH UNFADING INK

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.

