

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.

FEB 21 1935

3053

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 3711, Meramec St. St. 15 Ward) (If nonresident, give city or town and State)

2. FULL NAME Emile Jasse

(a) Residence, No. 3711 Meramec St. 15 Ward. (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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7 - 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 10 1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Slave Molder
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) 1-1-1915 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

MOTHER FATHER 13. NAME Frank Jasse

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

15. MAIDEN NAME Lilly Scherer

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

17. INFORMANT Mrs. M. Rabb (ADDRESS) 3711 Meramec St.

18. BURIAL, CREMATION, OR REMOVAL PLACE SS Peter & Paul DATE 1-11-35 19.

19. UNDERTAKER Oscar J. Schuster (ADDRESS) 4016 Chippewa St.

20. FILED 11-9-1935 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8-35 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/5, 1935, to 1/8, 1935. I last saw him alive on 1/8, 1935. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Pulmonary oedema Date of onset 1/4/35
cardio-vascular renal disease

Other contributory causes of importance:
cardio-vascular renal disease

Name of operation..... shunt Date of..... no
What test confirmed diagnosis?..... 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 Phil H. Scherer, M. D.
(Signed) 3115 S. Grand Ave
(Address)

