

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

Do not use this space.

NOV 9 1935

**791  
1003**

34119

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis*

(No. *5765 Plaver Ave*)

File No.....  
Registered No. **8540**.....  
St..... Ward.....

**2. FULL NAME**

*Caroline M. S. Jewellbeck*

(a) Residence, No. *5765 Plaver Ave* St. *7* Ward.....  
(Usual place of abode)

(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. 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 *George Jewellbeck*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 17, 1866*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*68 9 7 23*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

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) *St. Louis Mo.*

13. NAME *Henry Medder*

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

15. MAIDEN NAME *Augusta Petrus*

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

17. INFORMANT (ADDRESS) *George Jewellbeck 5765 Plaver Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. John's Cem* DATE *Oct. 14, 1935*

19. UNDERTAKER (ADDRESS) *Big Reidner Mort. Co. 7147 N. Market St.*

20. FILED *11 1935* Registrar *J. F. Bredeck*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 10<sup>th</sup>, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *9/1, 1935* to *Oct 10, 1935*

I last saw him alive on *Oct 10, 1935* Death is said to have occurred on the date stated above, at *12:20 a.m.*

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

*Chronic myocarditis* Date of onset *6 m*

Other contributory causes of importance *930*

Name of operation..... Date of.....  
What test confirmed diagnosis? *Clinical* Was there an autopsy?.....

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) *T. L. Morse*, M. D.  
(Address) *University Club Bldg*

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.

RECORD, WITH UNFADING INK—THIS IS A PERMANENT RECORD

*Order*

*Al. Clark Bldg 1-3 P.M.*