

JUN 5 1936

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

Do not use this space.

20936

1. PLACE OF DEATH

791

County..... Registration District No.....  
Township..... Primary Registration District No. 1003  
City *St. Louis*, (No. *2315 Dickson St.*)

File No.....  
Registered No. 5137  
St. .... Ward)

2. FULL NAME *Augusta Jackson*

(a) Residence, No. *2315 Dickson* St., *21* 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Edward Jackson</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 23 1859</i>		
7. AGE	YEARS <i>76</i>	MONTHS <i>10</i>
	DAYS <i>17</i>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>housewife</i>
	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) *Germany*

13. NAME *Not Known*

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

15. MAIDEN NAME *Not Known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not Known*

17. INFORMANT *Edward Jackson*  
(ADDRESS) *2315 Dickson St.*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *New St. Marcus* DATE *May 13 1936*

19. UNDERTAKER *Hy Leidner, M.D. Co.*  
(ADDRESS) *1417 N. Market St.*

20. FILED *MAY 12 1936*  
*J. F. Bredeck*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 10 1936*

22. I HEREBY CERTIFY, That I attended deceased from *APRIL - 28 - 1936* to *MAY 9 - 1936*

I last saw her alive on *MAY - 9 - 1936*. Death is said to have occurred on the date stated above, at *9 A. m.*

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

Date of onset

*MITRAL-INSUFFICIENCY*

Other contributory causes of importance:

*EMPHYSEMA*

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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? *Y. G.*

If so, specify.....

(Signed) *Judy Nauvorki*, M. D.

(Address) *1901 MADISON ST.*

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.

