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.

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

AUG 18 1936

Do not use this space.

29046

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Deaconess Hospital St. ..... Ward)

File No. .....

Registered No. 7819

2. FULL NAME Lenora Catherine Jessie

(a) Residence, No. Jefferson Barracks, Mo. St., NR 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: Joe E. Jessie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 31, 1889

7. AGE: 47 YEARS, MONTHS: 3, DAYS: 21 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

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, Missouri

FATHER

13. NAME: Fred W. Benkert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

MOTHER

15. MAIDEN NAME: Barbara Shuerhoff

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

17. INFORMANT (ADDRESS): Mr. Joe E. Jessie, Jefferson Barracks Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Valhalla Cemetery DATE July 25th, 1936

19. UNDERTAKER (ADDRESS): C. R. Lupton & Sons, 4449 Olive St.

20. FILED JUL 23 1936 19 J. F. Bredeck, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1936, to July 22, 1936

I last saw her alive on July 22, 1936. Death is said to have occurred on the date stated above, at 7:35 P.m.

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

| | Date of onset |
|---|---|
| 1 Nephritis Chronic Intestinal | 4-3-36 |
| 2 Ac. Myocarditis | 7-15-36 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Cerebral apoplexy | 5-28-36 |
| Hypertension | ? |

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clin + Lab 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? .....

If so, specify .....

(Signed) J. F. Cleveland, M. D.

(Address) 5930 Southwest Ave

Hi 0750

Rev H. T. Cleveland
5930 Southwest
Hi 0750
8-10 A.M.