

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

Do not use this space.

38111

**1. PLACE OF DEATH**

County Jefferson  
Township Plattin  
City St. Louis 240 (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 421  
Primary Registration District No. 5576

File No. \_\_\_\_\_  
Registered No. 115

**2. FULL NAME**

(a) Residence, No. Forest Mo. St. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 6-1936</u>		
7. AGE	YEARS <u>6</u>	MONTHS <u>9</u>
	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	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) <u>Forest Mo.</u>		
FATHER	13. NAME <u>Edward Jaenger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Naura Scott</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
17. INFORMANT (ADDRESS) <u>Anna J. Floney St. Louis Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Mo.</u> DATE <u>Oct 20, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Quincy &amp; Vineyard Forest Mo.</u>		
20. FILED <u>10/20</u> 19 <u>36</u> <u>J. E. Rutledge</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1936

22. I HEREBY CERTIFY, That I attended deceased from field as inquest 10/18 1936  
I last saw h alive on 19     Death is said to have occurred on the date stated above, at 1:15 A.M., The principal cause of death and related causes of importance were as follows:  
Automobile collision with truck  
Accidental  
On Highway 61 15 miles south of Forest, Mo.  
Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? Accident Date of injury 10-18, 1936  
Where did injury occur? Highway 61, 5 mi. S. of Forest, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Public Highway  
Crushed skull  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) P. F. Panchot M. D. Coroner  
(Address) Forest, Missouri

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.

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