

MAR 5 - 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. Deaconess Hospital)

File No. 8903  
Registered No. 2396  
St. .... Ward)

2. FULL NAME Clara E. Jennrich

(a) Residence, No. 5011 Idaho Ave., St. 15 Ward. 1  
(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 Joh<sup>N</sup> H. F. Jennrich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28th, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 11 26

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

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 Fredrich Eberhardt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Augusta Hache16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs. H. Blevins  
(ADDRESS) 3240 Liberty St.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns DATE March, 1st, 193719. UNDERTAKER Wacker-Helderle  
(ADDRESS) 2351 S. Broadway20. FILED FEB 28 1937 J. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26th, 193722. I HEREBY CERTIFY that I attended deceased from January 30, 1937, to Feb. 26, 1937

I last saw h. alive on February 25, 1937. Death is said to have occurred on the date stated above, at 4:40 A.M.

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

Diabetes Mellitus Date of onset unknown

Other contributory causes of importance:

Arteriosclerosis  
Bronchopneumonia 2/24/37Name of operation None Date of.....What test confirmed diagnosis? Laboratory Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X 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) Helend Elliott, M. D.(Address) 3723 S. Kingshighway

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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