

APR 9 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, Mo. (No. 4214 W Margarettta Ave)

Registration District No. 791
Primary Registration District No. 1003

File No. 10653
Registered No. 3227
St. 10 Ward

2. FULL NAME

Sophie Jessen

(a) Residence, No. 4214 W. Margarettta Ave. St. 10 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23rd. 19 37

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Jessen

22. I HEREBY CERTIFY, That I attended deceased from ? 1931, to March 23, 1937.

I last saw her alive on March 23, 1937. Death is said to have occurred on the date stated above, at 5:20 pm

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25th, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 26

*Chronic Myocarditis
Myocardial failure
Anginal type of
Tangential fracture*

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

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Christ Klätte

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

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

What test confirmed diagnosis?..... Was there an autopsy? no

15. MAIDEN NAME Wilmina Hohmann

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Paul C. Jessen (ADDRESS) 4214 W Margarettta Ave.

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE March 27th, 37

Nature of injury.....

19. UNDERTAKER St. Louis Funeral Home Co. (ADDRESS) 4600 West Broadway Ave.

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

20. FILE MAR 24 1937 Registrar.

(Signed) Herbert J. Randi, M. D. (Address) 353 1/2 Brown's Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

8992

