AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 26125

Township ..... Primary Registration District No. 1003 Registered No. 7299

City St. Louis (No. 5249 Bonita Avenue St. ..... Ward)

2. FULL NAME Jessie I. Klages

(a) Residence, No. 5249 Bonita St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ernst Klages

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December -, 1867

7. AGE: abt. YEARS 69 MONTHS 7 DAYS - If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edwardsville Illinois

FATHER
13. NAME: Thomas Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER
15. MAIDEN NAME: Mary Van Volkenberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Dorothy Brocktendorf 227 Dover Pl., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Trinity Cem. DATE August 2, 1937

19. UNDERTAKER (ADDRESS): C. Hoffmeister U. & L. Co. 7814 S. B'way, St. Louis, Mo.

20. FILED JUL 31 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29th, 1937, to July 30th, 1937
I last saw her alive on July 29th, 1937 Death is said to have occurred on the date stated above, at 5:30a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	2
131	
Other contributory causes of importance:	
Chronic Nephritis	?

Name of operation none Date of —
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) Bernard Plach, M. D.
(Address) 3527 Osage, St. Louis Mo

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.

899

Dr. Plock
3958 So. Grand
11:a.m – 1:PM