

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

Do not use this space.

1. PLACE OF DEATH **SEP 25 1937** 2  
 County St. Louis, Co. Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6030  
 City Jennings (No. 5828, Helen Ave. St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 Eleanor M. Jensen  
 2. FULL NAME \_\_\_\_\_  
 (a) Residence, No. 5828 Helen Ave. 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.

File No. **31694**  
 Registered No. 151

**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 Walter Jensen  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3 1909  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28 6 9

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) Missouri

MOTHER 13. NAME Harry B. Vierdag  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 15. MAIDEN NAME Mary Kemper  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Walter Jensen  
 (ADDRESS) 5828 Helen Jennings

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 8/16/37, 1937

19. UNDERTAKER W. A. Stock Und. Co.  
 (ADDRESS) 2117 E. Grand

20. FILED 8-13, 1937 W. A. Zeitler Registrar.  
Per b. Smith

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12 37, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from 8/15/37, 1937, to 8/12/37, 1937.  
 I last saw her alive on 8/12/37, 1937. Death is said to have occurred on the date stated above, at 4:15 A.M.  
 The principal cause of death and related causes of importance were as follows:

Cancer of Descending Colon Date of onset \_\_\_\_\_  
 Other contributory causes of importance: none

Name of operation Thorotomy & Laparotomy of 2 mos ago  
 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? \_\_\_\_\_ 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) W. Stein, M. D.  
 (Address) 6817 W. Florissant

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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