

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

Do not use this space.

**NOV 16 1937**

37481

**1. PLACE OF DEATH**

County Cole  
Township \_\_\_\_\_  
City Jefferson City (No. 105, West High St. \_\_\_\_\_ Ward)

Registration District No. 213  
Primary Registration District No. 3014

File No. \_\_\_\_\_  
Registered No. 273

**2. FULL NAME** Mrs. Agusta Neef Andrae

(a) Residence, No. 105 W. High 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 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 Henry Phillip Andrae

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67      6      14

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) Tipton, Mo. (STATE OR COUNTRY)

13. NAME Herman Neef

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

15. MAIDEN NAME Mary Bremzi

16. BIRTHPLACE (CITY OR TOWN) Jefferson City, Mo. (STATE OR COUNTRY)

17. INFORMANT H. P. Andrae, Jr. (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Cem. DATE Oct. 23, 1937

19. UNDERTAKER Heinrichs Funeral Home (ADDRESS) Jefferson City, Mo.

20. FILED 10/22 1937 Subsidiary Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to Oct 20 1937

I last saw him alive on Oct 15, 1937. Death is said to have occurred on the date stated above, at 8 P. M.  
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis

Date of onset

Other contributory causes of importance: 94 B

Arterio Sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Subsidiary M. D.  
(Address) Jeff. City, 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.

213  
3014

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