

JAN 10 1938

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

43863
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **City Sanitarium** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **64 yrs. 9 mos. 16 ds.** (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Jennie Shields Mursberg**

(a) Residence, No. **1014 Rutger St.** St. **23** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 9, 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as saw mill, bank, etc. **Housework**
10. Date deceased last worked at this occupation (month and year) **1922** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Kentucky**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Tennessee**

17. INFORMANT **Otis Taylor, M.D.** (ADDRESS) **5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis W** DATE **12-23-27**

19. FUNERAL DIRECTOR **W Rielity** (ADDRESS) **3500 Rutger St**

20. FINDER **J.P. Bredbeck** Local Registrar

DEC 30 1927

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 19/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **7-1-37**, 19, to **Dec. 19/37**, 19

I last saw her alive on **Dec. 18/37**, 19. Death is said to have occurred on the date stated above, at **8.45 A. M.**

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

Arteriosclerotic Heart Disease

7-1-37x

Other contributory causes of importance:
Epilepsy with Deterioration
9-21-23x

Decubitus Ulcers over both Trochanters (12-2-37)

Name of operation Date of
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?
If so, specify
(Signed) **Otis Taylor**, M. D.
(Address) **City Sanitarium**

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.

877

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)