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.

REC'D MAY 13 1938

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

Do not use this space.

15764

1. PLACE OF DEATH
County Ste Genevieve
Township Union
City Weingarten RFD No. ..... St. ..... Ward)

Registration District No. 934,[illegible]
Primary Registration District No. ~~6020~~ 2060

File No. [illegible]
Registered No. .....

2. FULL NAME Josephine Jakerst 262
(a) Residence, No. Weingarten 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 Louis Jakerst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	5	0	

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) New Offenburg Missouri

FATHER
13. NAME John Muessig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Catherine Fisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs George Glaser Weingarten Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Weingarten Mo DATE May 1 1938

19. UNDERTAKER (ADDRESS) Leo E. Basler Ste Genevieve Mo

20. FILED May 2 1938 Rev Joseph A Gonner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1938

22. I HEREBY CERTIFY, That I attended deceased from October 1937 to April 29 1938
I last saw her alive on April 28 1938. Death is said to have occurred on the date stated above, at 2:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	
93C	

Other contributory causes of importance:
General Arterio Sclerosis
Chronic Myocarditis
Arterio Hypertension
10 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? Sym 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) [illegible], M. D.
(Address) Ste Genevieve Mo

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