16 1939 REC'D SEP 7 1939

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

30207
Do not use this space.

**1. PLACE OF DEATH**

(a) County St. Louis 3 Registration District No. 784

(b) Township 1 Primary Registration District No. 200 Registered No. 1459

(c) or City NORMANDY (d) Street No. 6825 Natural Bridge Road 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Mother of Good Counsel Home

**2. PRINT FULL NAME** Jennie E. Dangerfield 526

(a) Residence, No. 7275 Princeton Pl. St. [ ]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles H. Dangerfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/10/1864

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 75 | 3 | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) Streator Illinois

FATHER
13. NAME Unknown Keith ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ralph H. Dangerfield 7275 Princeton Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Enid Okla. DATE 8/17/1939 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robert J. Ambruster Clayton Road at Concordia Lane

20. FILED AUG 16 1939 19 A. R. Meyer M.D. Dr. P.H. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/15/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/14/39, 19, to 8/15/39, 19

I last saw her alive on 8/13/39, 19 Death is said to have occurred on the date stated above, at 1.15 A. m.

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

| | Date of onset |
|---|---|
| Senile Dementia | |
| Generalized arteriosclerosis. | ? |
| Generalized atrophic arthritis of all joints, deformans. | ? |

Other contributory causes of importance: Inanition. 3/14/39
Uremia " 1 mo.
Uremic coma
Died in the Home of Incurables-
6825 Nat'l Bridge Rd, St. Louis Co, Mo.

Name of operation None Date of --

What test confirmed diagnosis? History Was there an autopsy? No
clinical and lab.

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) Dr. [signature], M. D.
(Address) 3718 Jennings Road.

(Licensed Embalmer's Statement on Reverse Side)

57K

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Edward J. Bickhorst, Registered Apprentice No. ..... working under my personal supervision.

Signed Edward J. Bickhorst

Licensed Embalmer No. 2502

P. O. Address Clayton Mo

**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.)**

**If this body is not embalmed, above space should be left blank.**

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

Do not use this space. 7

1. PLACE OF DEATH
County St. Louis Registration District No. 784 File No. 30207-
Township Primary Registration District No. 200- Registered No. 1459-
City (No. Mother of Good Counsel - Ward)

2. FULL NAME Jennie E. Dangerfield
(a) Residence, No. 7275 Princeton 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) W-

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

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

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 75 | 3 | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 8/6 1939 T R Meyer M D DoPH Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile dementia | |
| Gen. Arteriosclerosis | |
| Gen Atrophic arthritis | |
| all joints. Deformans | |
| Other contributory causes of importance: | |
| Uremia Coma | 131 |
| Chr Int Nephritis | |

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) Luke B. Tiernan, M.D.
(Address) 3718 Jennings Rd

SUPPLEMENTARY

AR

S-30207