

FILED JAN 13 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42214

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 321

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days 1

3. (a) PRINT FULL NAME Mary Cecelia Jurgensmeyer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sam Jurgensmeyer 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 21 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 16 If less than one day hr. min.

9. Birthplace St. Elizabeth, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Christ Luethkemeyer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Measlet

15. Birthplace Koeltstauen, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Jurgensmeyer

(b) Address St. Elizabeth, Mo

17. (a) Burial (b) Date thereof 12-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Elizabeth, Mo

18. (a) Signature of funeral director H. W. Strup

(b) Address Metz, Mo

19. (a) 12/7/40 (b) D. B. Beesford M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Trilles
(c) City or town St. Elizabeth
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7 DEC
year 1940 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from DEC. 1
1940 to DEC 7, 1940
that I last saw her alive on DEC 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Pulmonary Embolism 1 hr

Due to Ruptured aorta 1 hr

Other conditions. (Include pregnancy within 3 months of death) _____

Major findings: Appendectomy 10th ago
Of operations _____
Of autopsy no

Duration
2 hrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (z) Means of injury _____
23. Signature Mr. Beesford (M. D. or other) _____
Address Jeff City Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

