

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

Do not use this space.

33302

1. PLACE OF DEATH

County Henry
Township Clayton Mo.
City Clayton Mo. (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 117
St. _____ Ward _____

2. FULL NAME

Jenora Christine Datweiler
(a) Residence. No. West Ohio St., 3 Ward.

(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 7 | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2, 1956

7. AGE YEARS 71 MONTHS 5 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Montrouze
(STATE OR COUNTRY) mo

10. NAME OF FATHER John Guenther

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Elizabeth woofman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) _____

14. INFORMANT Essent a Datweiler
(Address) Clayton mo

15. Nov 5 1927 Dr. E. C. Peelor
REGISTRAR by JH

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-3 1927

17. I HEREBY CERTIFY, That I attended deceased from 8-15, 1927, to 11-3, 1927, that I last saw him alive on 11-2, 1927, and that death occurred, on the date stated above, at 5 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93D
112
asthma
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) myocarditis
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 90B
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS 90B
(Signed) H. Walker, M. D.
11-3, 1927 (Address) Clayton mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clayton mo DATE OF BURIAL Nov 4 1927

20. UNDERTAKER Spore & Son ADDRESS Clayton 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.

1928

