

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

Do not use this space.

10271

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 2617 Rauschenbach Ave) St. _____ Ward _____
 Registered No. 2859

2. FULL NAME

Mrs Adeline M. Jansen
 (a) Residence. No. 2617 Rauschenbach St. 20 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John C. Jansen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25-1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 9 26

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER H. F. Ponti

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Wehmuel

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

14. INFORMANT John C. Jansen
 (Address) 2617 Rauschenbach

15. FILED MAR 24 1927 Max B. Starker
 19. _____ REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 1927

17. I HEREBY CERTIFY, That I attended deceased from March 17, 1927, to March 21, 1927 that I last saw her alive on March 21, 1927 and that death occurred, on the date stated above, at 11:03 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

103 Cerebral Pneumonia
79A
 (duration) yrs. mos. 5 da.
 CONTRIBUTORY (SECONDARY) acute meningitis
Simple due to Pneumonia (duration) yrs. mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

Microscopic D. W. Thomson, M. D.
March 19 (Address) 312 N. Grand

*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 St. Peter's Cemetery DATE OF BURIAL March 24 1927

20. UNDERTAKER Hy. Lindner Und. Co. ADDRESS 147 N. Market St.

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.

WRITE PLAINLY, WITH UNFADING INK

