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

Do not use this space.

31577

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8912

City St. Louis (No. ..... St. ..... Ward)

2. FULL NAME Henry Juen

(a) Residence. No. 4156 Labadie St., 10 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Barbara Juen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 22, 1860

7. AGE: 66 YEARS, MONTHS: 11, DAYS: 13. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 10 years
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Belleville
(STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Theodore Juen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Regina Batlog
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Barbara Juen
(Address): Belleville Ill

15. FILED OCT -6 1927 Max C Starkloff REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 5th 1927

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to Oct. 4th 1927 that I last saw him alive on Oct. 4th, 1927, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of stomach

4685
7394
44a

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY): Chronic myocarditis

(duration) yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Cyril J. Slattery M. D

Oct. 5, 1927 (Address) 3512 N. 14th St.

*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: Walnut Hill Cemetery Belleville Ill

DATE OF BURIAL: Oct. 8 1927

20. UNDERTAKER: Peter Gaerdner

ADDRESS: Belleville Ill.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.