R 28 1928

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

Do not use this space.

10498

1. PLACE OF DEATH
County St Louis — Registration District No. 769 — File No.
Township Central — Primary Registration District No. 6039 B. — Registered No. 70
City (No. 1530, Wellston Ave. St. Ward)

2. FULL NAME Lizzie Jandron
(a) Residence. No. 1530 Wellston Ave. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 - 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	8	1	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Canada

PARENTS
10. NAME OF FATHER Louis Jandron
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Canada
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont know

14. INFORMANT Mrs. Marie Taf
(Address) 1530 Wellston Ave.

15. FILED 3/2, 1928 Rocco Bray M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1, 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 20th, 1928, to March 1st, 1928, that I last saw her alive on March 1st, 1928, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis, Chr. Interstitial Nephritis, Arteriosclerosis
(duration) 5 yrs. 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) Roy Johnson, M.D.
3/2, 1928 (Address) Ferguson, 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: St. Ferdinand Cem.
DATE OF BURIAL: 3 - 5 1928

20. UNDERTAKER: Geo. L. Pleitsch
ADDRESS: 5966 Easton ave

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.

8 30 to 9 30
a. m.