JUN 27 1930

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

Do not use this space.

File No. 17227

Registered No. 144

1. PLACE OF DEATH
County: St. Louis
Township: Central
City: (No. 9434 Bristol Ave. St. Ward)
Registration District No. 189
Primary Registration District No. 60330

2. FULL NAME: Evelyn E. Janssen
(a) Residence. No. 9434 Bristol Ave. St., 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): Oct 7 1913

7. AGE: Years 16 | Months 6 | Days 24 | If LESS than 1 day, hrs. or min.

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): Anglum
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Fred Janssen
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Edna Barklage
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Grove Cedar
(STATE OR COUNTRY): Mo.

14. INFORMANT: Mr. Fred Janssen
(Address): 9434 Bristol Ave

15. FILED: 5/2, 1930 Rolla Brady M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr. 25-4, 1930, to May 12, 1930 that I last saw h. alive on May 12, 1930, and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Scarlet Fever and
Acute Nephritis
3
10
150 (duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) Diphtheria
(duration) yrs. mos. 1 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?
(Signed) H. F. Coleman, M. D
5-2, 1930 (Address) Pattonville 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: Fee Fee Cemetery
DATE OF BURIAL: 5-3 1930
20. UNDERTAKER: Geo. L. Oleitsch
ADDRESS: 5966 Easton Ave

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.