

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

Do not use this space.

20673

~~20071~~

1. PLACE OF DEATH

County.....

Registration District No. 791

Township Solonia

Ordinary Registration District No. 100?

City Lutheran Hospital

File No.

Registered No. 5456

St. Ward)

2. FULL NAME

Emma Jansen

(a) Residence. No. 1903 Virginia St., 17 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)

married

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

L. P. Jansen

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

June 5 - 1866

7. AGE

YEARS
63

MONTHS
11

DAYS
27

If LESS than 1 day, hrs. or min.

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)

at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT

L. P. Jansen
(Address) 1903 Virginia

15. FILED

May 1930
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 2 1930

17.

I HEREBY CERTIFY, That I attended deceased from

May 29, 1930, to June 2, 1930
that I last saw her alive on June 2, 1930, and that death occurred, on the date stated above, at 6 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

196 myocarditis chronic

(duration) several yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY)

908

(duration) 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 findings.

(Signed) M. R. New Sup., M. D.

, 19 (Address) 2946 Bravos ave.

*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

Chicago Ills.

DATE OF BURIAL

June 4 1930

20. UNDERTAKER

Peltz Bros 3029 Lafayette Ave

ADDRESS

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.

2946 ¹⁴ *Dracopis*

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