

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.

96
5
FEB 29 1931

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

2781

1. PLACE OF DEATH

County St. Louis
Township Central
City Wellston (No. 6704 Bailey place)

Registration District No. 789
Primary Registration District No. 603-300

File No. _____
Registered No. 35 Ward _____

2. FULL NAME

Robert Joers
(a) Residence. No. 6704 Bailey place,
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mes. ds.

Ward. _____
(If nonresident, give city or town and State)
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 Eva Joers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22 1859

7. AGE YEARS MONTHS DAYS
71 10 3
If LESS than day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Auto Upholster
(b) General nature of industry, business, or establishment in which employed (or employer) 94
(c) Name of employer _____

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

PARENTS
10. NAME OF FATHER Don't know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 10 Germany
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) France

14. INFORMANT Mrs. Eva Joers
(Address) 6704 Bailey place

15. FILED 1/27 1931 Rolla B. Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1931, to Jan 25, 1931, that I last saw him alive on Jan 24, 1931, and that death occurred, on the date stated above, at 2:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage (apoplexy)

(duration) _____ yrs. mos. ds.
CONTRIBUTORY arterio sclerosis (SECONDARY)
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) John A. Roe, M. D.
1126 . 1931 (Address) 1497 Hodiamon

*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 Calvary Cem. DATE OF BURIAL Jan. 28, 1931

20. UNDERTAKER Jos. W. Clark ADDRESS 1125 Hodiamon Ave.

1492 No. 10000 of the