

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

File No. **3191**
Registered No. **406**

1. PLACE OF DEATH

County..... Registration District No. **1701**
Township..... Primary Registration District No. **1009**
City **St. Louis** (No. **St. Ann**) St. Ward **16**

2. FULL NAME

(a) Residence. No. **Mary Mary** St., **16** Ward **Jenison MO**
(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 W	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Mary		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8 - 1863		
7. AGE YEARS 67	MONTHS 4	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Home House Work (b) General nature of industry, business, or establishment in which employed (or employer) = 34 (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) Callinsville Ill (STATE OR COUNTRY)		
10. NAME OF FATHER Joseph Cohnick		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bohemia (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER Mary Toleric		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bohemia (STATE OR COUNTRY)		

PARENTS

14. INFORMANT **Joseph Mary**
(Address) **Valley Park Mo**

15. FILED **1931** REGISTRAR **Max C. ...**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 9 1931**

17. I HEREBY CERTIFY, That I attended deceased from **July 9 1931**, to **Jan 9 1931**, that I last saw him or her alive on **Jan 8 1931**, and that death occurred, on the date stated above, at **3:45 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus

59 (duration) **2** yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) **59** (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 **Urinary analysis**
(Signed) **Andrew Janneman**, M. D.
1/10 19 **31** (Address) **Sagepuncher one**

*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 Pauls Church Jenison MO** DATE OF BURIAL **July 18 1931**

20. UNDERTAKER **John Koch** ADDRESS **Jenison MO**

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.

