

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

Do not use this space.

42747

1. PLACE OF DEATH

County _____ Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Louis (No. 1005² Park Ave) St. _____ Ward _____

File No. _____
 Registered No. 12668

2. FULL NAME

(a) Residence, No. 1005² Park Ave, St. 23 Ward. (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 Charles Jobin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26-1869
 7. AGE YEARS 69 MONTHS 5 DAYS 26 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 13. NAME By Zimmermann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Charles Jobin (ADDRESS) 1005² Park Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE Dec 26 31

19. UNDERTAKER Wackerfeldts (ADDRESS) 2331 Broadway

20. FILED 27 1913 May 2 1913 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1931, to Dec 22, 1931

I last saw him alive on Dec 22, 1931. Death is said to have occurred on the date stated above, at 8:45 am.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Right Side
108
108
 Other contributory causes of importance:
Lobar Pneumonia
Right Side

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phosad Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) Wm. J. Smith, M. D.
 (Address) 3624 S. O. Bldg

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.

