

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.

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

Do not use this space.

24360

File No. _____
Registered No. **6482**
St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. **781**
Township _____ Primary Registration District No. **1005**
City **St Louis** (No. **1492 Stewart place**)

2. FULL NAME

Mary Janelon
(a) Residence, No. **1492 Stewart pl. 6** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown		
7. AGE abt 90	YEARS	MONTHS
		DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 13 1932**
22. I HEREBY CERTIFY that I attended deceased from **July 13 1932** to **July 13 1932**
I last saw him alive on **July 13 1932**. Death is said to have occurred on the date stated above, at **10.00** m.
The principal cause of death and related causes of importance were as follows:

Chronic Hypertension
93c
97

Other contributory causes of importance:
Arterio Sclerosis
Name of operation **none** Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **no**

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? **No**
If so, specify _____
(Signed) **Thos J. Lence** M. D.
(Address) **5435 Grand**

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland, 15
	13. NAME Patrick Roach
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
	15. MAIDEN NAME Ester Lamber
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) u.s.a. 2
17. INFORMANT Thos Mullen (ADDRESS) 1492 Stewart pl	
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 15 1932	
19. UNDERTAKER William Kelly (ADDRESS) 1416 N Taylor St	
20. FILED L 14 1932 May C. Stank Registrar	

