

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

Do not use this space.

33618

File No. _____
Registered No. **8889**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **Christian Hosp**)

2. FULL NAME

(a) Residence, No. **5344 Pershing St.** Ward **5**
(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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 - 1932		
7. AGE	YEARS	MONTHS
		90
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil		
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) St. Louis Mo		
FATHER	13. NAME Henry S. Janon	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City N.Y.	
MOTHER	15. MAIDEN NAME Gladys Humonty	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City N.Y.	
17. INFORMANT Henry S. Janon (ADDRESS) 5344 Pershing Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Ourai Amoma DATE 10/5/32		
19. UNDERTAKER H. B. Benson 2nd Ave (ADDRESS) 4712 McPherson Ave		
20. FILED _____ 19 _____ Max B. Starbuck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 4**, 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 25**, 19**32**, to **Oct. 4**, 19**32**
I last saw him alive on **Oct 4**, 19**32** Death is said to have occurred on the date stated above, at **9:15 P.M.**
The principal cause of death and related causes of importance were as follows:
As. Entero coecitis Date of onset _____

Other contributory causes of importance:
Immature Infant (1)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) **Daniel West**, M. D.
(Address) **2906 No. Union**

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.

WRITE PLAINLY, WITH UNFADE INK—THIS IS A PERMANENT RECORD

