

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township *St. Louis*  
City *St. Louis*

Registration District No. *701*  
Primary Registration District No. *1003*  
(No. *7821 Water st.*)

File No. *7001*  
Registered No. *1879*  
St. .... Ward)

2. FULL NAME

(a) Residence, No. *7821 Water* St., *1* 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) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF *Thomas*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 16, 1875*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*58 2 5*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

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) *France*

13. NAME *Frank Jarjat*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *France*

15. MAIDEN NAME *Justine Marconett*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *France*

17. INFORMANT *Mrs. Josephine Landrum* (ADDRESS) *7821 Water st.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Trinity Cath. Cem.* DATE *2-24 1934*

19. UNDERTAKER *C. Hoffmeister & Co.* (ADDRESS) *781 1/2 Broadway*

20. FILED *FEB 22 1934* *J. J. Beedeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 21 1934*

22. I HEREBY CERTIFY That I attended deceased from *Feb. 10 1934 to Feb 21 1934*

I last saw him alive on *Feb. 19 1934* Death is said to have occurred on the date stated above, at *9 a.* m.

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

*Carcinoma of the liver* Date of onset *?*

Other contributory causes of importance *46*

Name of operation..... Date of.....

What test confirmed diagnosis *Phys. Exp.* 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 *W. W. Wagentbach* (Signed) M. D.

(Address) *4738 Travis av.*

Wagenbach

738 1/2

Beasom

2-25-85

2-4 AM

9-10 AM