

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.

MAY 25 1934

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. city, Sanitarium) St. Ward

File No. 14805
 Registered No. 3999

2. FULL NAME

(a) Residence, No. 1327 Morgan St. 21 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 13 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13-1872</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>10</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
10. Date deceased last worked at this occupation (month and year) <u>March 1933</u>		11. Total time (years) spent in this occupation <u>unknown</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve Missouri</u>		
13. NAME <u>Baptista Janis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>		
15. MAIDEN NAME <u>Missouri E. Woodrider</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve Missouri</u>		
17. INFORMANT (ADDRESS) <u>Hubert P. Smith 5400 Arsenal St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Burial PK</u> DATE <u>Apr. 21</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>J. J. Becken & Co. 184 Michigan St.</u>		
20. FILED <u> </u> 19 <u> </u> <u>J. J. Becken</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1931, to Apr 18 1934
 I last saw her alive on Apr 18 1934. Death is said to have occurred on the date stated above, at 6:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic hyperadites
 Other contributory causes of importance:
Gen. Arterio Sclerosis

Name of operation Date of
 What test confirmed diagnosis? Chemical Was there an autopsy? Yes

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) Hubert P. Smith, M. D.
 (Address) 5400 Arsenal St

Date of onset
1931
 +
 1931
 +

