

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 791
 City St. Louis (No. 4009 E. Castleman av) St. Ward)

File No. 41318
 Registered No. 11304

2. FULL NAME

Frank W. Jansky
 (a) Residence, No. 4009 E. Castleman, 17 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 5 mos. 23 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*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Jansky

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 - 1871

7. AGE YEARS 63 MONTHS 5 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Level Engineer
 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 Joseph Jansky

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

MOTHER 15. MAIDEN NAME Anna Suranka

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

17. INFORMANT (ADDRESS) Marie Jansky
4009 E. Castleman

18. BURIAL, CREMATION, OR REMOVAL None DATE Nov 28 1934

19. UNDERTAKER (ADDRESS) Wm. G. Moydell
1426 Allen av

20. FILED NOV 27 1934 J. G. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to Nov 26, 1934

I last saw him alive on Nov 25 10, 1934 Death is said to have occurred on the date stated above, at 4 a.m.

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

Carcinoma of the lungs (left)
478 47
 Date of onset Probably two years ago

Other contributory causes of importance:
 Name of operation 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) Marie J. Smith, M. D.
 (Address) 36 E. So. Broadway

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 UNFADING INK—THIS IS A PERMANENT RECORD

