

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.

DEC 22 1934

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

Do not use this space.

41519

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6748.03
City Delmar (No. Delmar, Mo.) St. Ward

2. FULL NAME

Herman Jahns

(a) Residence, No. 5326 Devonshire St., Ward.
(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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melanie Jahns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 1858

7. AGE YEARS 76 MONTHS 1 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker
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 13 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Christ Jahns

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

15. MAIDEN NAME Hahn

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

17. INFORMANT (ADDRESS) Herman Jahns

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cemetery DATE Nov 30 1934

19. UNDERTAKER (ADDRESS) Funeral Home Co

20. FILED 11-30 1934 Delmar, Mo. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

Found dead

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/28/34 .1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... P..... m.

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

Drowned in Mississippi river. Senile dementia age. Was found by fishermen at lower end of St. Louis County, Carondelet twp. Whether suicide or accidental

Other contributory causes of importance: no way of determining so far.

History of missing since 11/9/34 Body is in bad condition due to being in water indefinitely

Name of operation..... Date..... What test confirms 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, at 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..... 11/28/34

(Signed) Luke O'Rourke, M. D. (Address) 3718 Jennings Rd St. Louis, Mo.

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