

JAN 24 1935

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

Do not use this space.

✓ 44613
Jim

1. PLACE OF DEATH

County

Registration District No. 287

Township

Primary Registration District No. 1003

City St. Louis (No. Missioye Hosp)

File No.

Registered No. 11721

St. Ward)

2. FULL NAME Angeline Janese

(a) Residence, No. 4947 O'Well Ave St. 13 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female white widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Les Janese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8 9

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

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) Germany

MOTHER FATHER 13. NAME Unknown Besenke

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Rose Beckwith
4947 O'Well Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Paul DATE 12-13-34

19. UNDERTAKER (ADDRESS) Trigfauzer Mortuaries
4728 So. Triggway

20. FILED 11 1935 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1934, to 11-10, 1934

I last saw her alive on 11-10, 1934. Death is said to have occurred on the date stated above, at 4:40 P.M.

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

Chronic Myocarditis
Fracture left femur
Other contributory causes of importance

Name of operation None Date of 12-10-34
What test confirmed diagnosis? Plum Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-8, 1934
Where did injury occur? St. Louis Mo at Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell at home
Nature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Victor E. Scherman, M. D.
(Address) 2915 So. Knighway

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.

2919 So. Kensington Highway
12-2

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003
(No. DeSloge Hosp)

File No.....
Registered No. 11721
St. Ward.....

2. FULL NAME

(a) Residence, No. St., Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
80 8 9

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

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) Total time (years) spent in this occupation.....

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED MAY 16 1935 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1934

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

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Date of onset
Other contributory causes of importance
Fract left femur

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 Accident Date of injury 11-8-34

Where did injury occur? St. Louis Mo at home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell at home
Nature of injury fracture of left femur

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Victor E. Dehner, M. D.

(Address) 2919 So Kingsley

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

SUPPLEMENTARY

JAN 23 1935

5-44013