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.

JAN 14 1935

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

Do not use this space.

44790

File No. 11913

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City Saint Louis (No. 4059 DeTonty St. Ward)

2. FULL NAME Janine H. Munger

(a) Residence, No. 4059 DeTonty St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	1	19	

OCCUPATION

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Saint Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Lemuel Munger

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

MOTHER

15. MAIDEN NAME Dorothy Poultney

16. BIRTHPLACE (CITY OR TOWN) Saint Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT Lemuel Munger
(ADDRESS) 4059 DeTonty

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthew Cemetery DATE December 1934

19. UNDERTAKER Thomas J. Dinan
(ADDRESS) 1519 South Grand Boulevard

20. FILED DEC 17 1934 19 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1934, to Dec 17, 1934

I last saw he alive on Dec 16, 1934. Death is said to have occurred on the date stated above, at 6 A.M.

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

	Date of onset
115A	
Angina	abt 2 weeks
1 2 3 4	
115A	

Other contributory causes of importance:
Hypertrophy Division of Stomach
Constipation
Cancer bowels

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? 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) W Antoine Hall, M. D.

(Address) 1625 Frank Ave