

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

Do not use this space.

1. PLACE OF DEATH FEB 2 1 1935

County.....

Registration District No. 791

File No. 3297

Township.....

Primary Registration District No. 1000

Registered No. 595

City St. Louis, 500 S. Kingshighway - St. Louis Childrens Hospital

Ward)

2. FULL NAME Johann Svan

(a) Residence, No. 2618 S. 11th

St. 23 Ward.

(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

M.

4. COLOR OR RACE

W.

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

Child

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

Child

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

Mar-16-1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

9

29

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.

Child

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.

13. NAME

Charles

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

Cairo, Ill.

15. MAIDEN NAME

Jennie Wrayson

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

St. Louis, Mo.

17. INFORMANT (ADDRESS)

J. M. Levin 20 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St. Maries DATE Jan 17 1935

19. UNDERTAKER (ADDRESS)

Chaer & Hildebrandt 2331 S. Broadway

20. FILED

Jan 16 1935

J. Bredek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15-35 19

22. I HEREBY CERTIFY, That I attended deceased from 1-14-35 19, to 1-15-35 19.

I last saw h. i. m. alive on 1-15-35 19. Death is said to have occurred on the date stated above, at 12:48 a. m.

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

Tubercular meningitis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) W. E. Kester M. D.

(Address) 500 S. Kingshighway

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.

