MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

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

SEP 25 1935

Do not use this space.

27510

1. PLACE OF DEATH

County St. Louis — Registration District No. 189 — File No.

Township Normandy, Central — Primary Registration District No. 6033 — Registered No. 200

City ~~Pine Lawn, Mo.~~ (No. 3718 Jennings rd. St. Ward)

Pine Lawn Hospital

2. FULL NAME Joseph Jahn

(a) Residence, No. 842 Lewis Ave. St., Ward. (If nonresident, give city or town and State)

(Usual place of abode) Wood River, Ills.

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: white

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12/14/1896

7. AGE: YEARS 38 — MONTHS 7 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Beudapestt, Hungary

FATHER

13. NAME: Edward Jahn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Beudapest, Hungary

MOTHER

15. MAIDEN NAME: Anna Geboner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bautch, Austria

17. INFORMANT (ADDRESS): Magdeline Jahn

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 8/9/1935, 19

19. UNDERTAKER (ADDRESS): L. B. Tanner, 6107 Natural Bridge

20. FILED 8-10- 1935 H. A. Bachmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/8 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/19/1935, 19, to 8/8/1935, 19

I last saw him alive on 8/8/1935, 19 Death is said to have occurred on the date stated above, at 10 PM

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

	Date of onset
Fibrinous pneumonia 3 days.	
Bi-lateral, both lungs.	

Other contributory causes of importance:

Mitral insufficiency, toxemia

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

What test confirmed diagnosis? cli and lab 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?

If so, specify

(Signed) Luke B. Tanner, M. D.

(Address) 3718 Jennings, Rd.