

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

Do not use this space.

MAY 27 1936

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township Primary Registration District No. 4470
 City University City (No. 859 Westgate Ave.) St. Ward)

File No. 18067
 Registered No. 50

2. FULL NAME

Margaret January
 (a) Residence, No. 859 Westgate Ave. 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 Female 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 Joab F. January

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11th, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 4 28

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

MOTHER FATHER
 13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Miss Charles E. Sparks
 (ADDRESS) 859 January Ave. Westgate

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lake Charles Cem DATE April 11th 1936

19. UNDERTAKER A. Lehmann Naval
 (ADDRESS) 1905 Union Blvd.

20. FILED April 10, 1936 Lena W. Wood
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from January 9, 1935 to April 9th, 1936
 I last saw him alive on April 9, 1936 Death is said to have occurred on the date stated above, at 10:40 P.M.
 The principal cause of death and related causes of importance were as follows:

Fracture of head of right femur (Ununited) Date of onset 1-9-35

Other contributory causes of importance:
Hypostatic Pneumonia 4-8-36

Name of operation Date of operation
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), all of 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 Over

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

(Signed) C. E. Sterling, M. D.
 (Address) 2205 No. 85. Rd.

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.

2205 NY JFD

This certificate OK due to fact of
having been injured. This injury
not being of any consequence,
due to instability, while tottering
when fractured neck of femur at her home.