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.

AUG 18 1936

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

Do not use this space.

28922

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1008 N. 14th St. St. ..... Ward)

File No. .....

Registered No. 7691

2. FULL NAME Irene Julian

(a) Residence, No. 1008 N. 14th St. St., 25 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 7, 1901

7. AGE: YEARS 35 | MONTHS 9 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

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

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

FATHER

13. NAME Rubin Herrenn

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

MOTHER

15. MAIDEN NAME Laura Johns

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

17. INFORMANT (ADDRESS) Joe Melly 1008 N. 14th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park. DATE 7/19/36. 19

19. UNDERTAKER (ADDRESS) Bensick-Niehaus 1138 N. 6th St.

20. FILED JUL 20 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July. 13. 1936

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.30 p.m.

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

	Date of onset
Fractured Skull, Laceration of Brain, following fall down stairs.	

Other contributory causes of importance:

ACCIDENT.

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? Accid Date of injury 7/13, 1936

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

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

Manner of injury Fractured Skull.

Nature of injury Fall.

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

If so, specify .....

(Signed) John J Sweeney, ~~M.D.~~

(Address) Deputy Coroner

7/20/36.