

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.

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

Do not use this space.

OCT 5 1936

791
1003

35906

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City (No. LUTH. HOSPITAL) St. Ward)

2. FULL NAME MAYME JANSEN

(a) Residence, No. 6504 PARKWOOD, St. 2, Ward. (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF THEODORE JANSEN		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 7 - 1881		
7. AGE	YEARS 55	MONTHS 6
	DAYS 8	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO		
FATHER	13. NAME ADAM KRAMER	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY	
MOTHER	15. MAIDEN NAME MARY RUNKEL	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO	
17. INFORMANT (ADDRESS) EARNEST ROGERS 6504 Parkwood		
18. BURIAL, CREMATION, OR REMOVAL PLACE SR TRINITY DATE SEPT. 18 1936		
19. UNDERTAKER (ADDRESS) JOS. P. FENDLER, JR. 7128 MICHIGAN AV.		
20. FILED SEP 17 1936	J. F. Bredeck Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 15 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 4:20, 1936, to Sep 15, 1936. I last saw ~~her~~ alive on Sep 15, 1936. Death is said to have occurred on the date stated above, at 12:20 P.M. The principal cause of death and related causes of importance were as follows:
Pulmonary Thrombosis
176.

Other contributory causes of importance:
Biliary Calculi
Cirrhosis of Liver
Cholecystectomy

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) Charles C. Drake, M. D.
(Address) 3707 Groves

Draw.
3702 Grav.

3702 Grav.