

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

Do not use this space.

NOV 4 1936

39528

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, 500 So. Kingshighway, (St. Louis Children's Hospital)** (Ward) **10569**

2. FULL NAME **John Janisch**

(a) Residence, No. **4452a So. Broadway** St., **15** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. **I** mos. **I9** 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 **"**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **9-2-36**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
I I9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Child**
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) **St. Louis,** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **John Janisch**

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

MOTHER 15. MAIDEN NAME **Marie Urlick**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT **J. McIlvin** (ADDRESS) **500 So. Kingshighway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Peter & Paul 10-22-1936**

19. UNDERTAKER (ADDRESS) **Kingshighway Mort Co 4220 S Kingshighway**

20. FILED **9-6-1936** 19 **J. H. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-21-36**, 19

22. I HEREBY CERTIFY, That I attended deceased from **9-3-36**, 19, to **10-21-36**, 19.

I last saw him alive on **10-21-36**, 19. Death is said to have occurred on the date stated above, at **12:50 A. M.**

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

Prematurity Date of onset **Birth**

Other contributory causes of importance: **159**

Name of operation Date of **two**
What test confirmed diagnosis? Was there an autopsy? **two**

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 **R. O. Blattner** (Signed) M. D.
500 So. Kingshighway (Address)

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.

