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.

JAN 10 1937

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

Do not use this space.

46177

791

1003

File No. 11958

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. Alexian Bros. Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME William Harvey Janes

(a) Residence, No. 710 Military Rd. St., N.P. Ward. Luxemburg Mo.
(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: Male

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: late Cora Alice Janes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 4, 1868

7. AGE: Years 68 Months 2 Days 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): Cincinnati, Ohio.

FATHER

13. NAME: Eli M. Janes

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

MOTHER

15. MAIDEN NAME: Cora Virginia (Unk)

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

17. INFORMANT (ADDRESS): Harvey Janes 710 Military Rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Trinity Luth DATE 12-5 1936

19. UNDERTAKER (ADDRESS): Southern Und. Co. 6322 S. Grand

20. FILED DEC 4 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/2 1936, to 12/2 1936

I last saw him alive on 12/2 1936. Death is said to have occurred on the date stated above, at 8:20 a.m.

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

Date of onset

Cerebral Hemorrhage

Saw him at 9:30 AM and at 12:30 and 6:30 PM.

Other contributory causes of importance:

Unknown

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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? no

If so, specify

(Signed) C. R. Hawker, M. D.

(Address) 7219 Michigan