

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County ST. LOUIS
Township Jefferson
City WEBSTER GROVES (No. 716 GARDEN AVE)

Registration District No. 788
Primary Registration District No. 4471

File No. 13878
Registered No. 40
St. _____ Ward)

2. FULL NAME

ERNST-WILHELM-JAHN

(a) Residence, No. 716 GARDEN 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 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) MARY JAHN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 15 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 YRS 10 Mos 5 DA

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

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) CARLYLE-ILL.

13. NAME JOHN JAHN

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT HARRY WILLIAMS
(ADDRESS) 716 GARDEN AVE W. G.

18. BURIAL, CREMATION, OR REMOVAL PLACE CARLYLE-ILL. DATE MAR 25 37

19. UNDERTAKER FRECKER UND CO
(ADDRESS) CARLYLE-ILL.

20. FILED 3-22-1937 Jules R. Gore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 21 1937

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

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

Chronic myocarditis Date of onset _____

Other contributory causes of importance:

arterio sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? History Was there an autopsy? no

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) John O'Connell M. D.

(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.

