AUG - 5 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 St. Ferdinand
City Jennings, Mo.
Registration District No. 791
Primary Registration District No. 1003
(No. Christian Hospital St. Ward)
File No. 25940
Registered No. 7114

2. FULL NAME JOHN A. JANIESCH,
(a) Residence, No. 1935 D'Amato Court, Jennings, Mo. St., Ward. NR
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1899

7. AGE: YEARS 38 | MONTHS 4 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintenance Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chevrolet Motor Co.
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) Jennings Mo

FATHER
13. NAME Henry Janiesch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Kniemeier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Emma Janiesch 1935 D'Amato Court, Jennings, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Lebanon DATE July 28, 1937

19. UNDERTAKER (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED JUL 27 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1937

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 7:10 P. M.
The principal cause of death and related causes of importance were as follows:
Fracture of Skull, Subdural Haemorrhage of the brain as the result of falling from ladder while at work at the Chevrolet Motor Co. Union and Natural Bridge aboute 4:15 P.M., July 24, 1937.
ACCIDENT.
Date of onset
Other contributory causes of importance:

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? Accident Date of injury 7/24/1937
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. Industry
Manner of injury See above
Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify
(Signed) Joseph M. Zeuss, M.D.
(Address) Deputy Coroner

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.