

APR 7 1938

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

8882
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo. Registration District No. 791
(b) Township St. Louis Mo. Primary Registration District No. 1008 Registered No. 2471
(c) City St. Louis Mo. (d) Street No. Convent to City Hospital #1 St. 426
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. City Hospital #1 St. 73 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (Unknown) 1885

7. AGE YEARS 52 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Orderly at City
9. Industry or business in which work was done, as saw mill, bank, etc. Hospital #1
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) Belle Plaine Iowa

FATHER 13. NAME Cornelius Janss

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

MOTHER 15. MAIDEN NAME Mary (Unknown)

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

17. INFORMANT Driscoll Funeral Home (ADDRESS) Belle Plaine Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Belle Plaine Iowa DATE 3-16 1938

19. FUNERAL DIRECTOR Mullen Bros (ADDRESS) 4259 Lindell Blvd

20. FILE J. Bredek Local Registrar.

MAR 14 1938

No Phys. Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12th 1938

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 _____ m.

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

arterio Sclerosis with Cardiac Hypertrophy

Other contributory causes of importance: 131

Renal Arteriosclerosis

Chronic Emphysema

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? _____ 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 Fracture

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Joseph M. Jernan M.D.

(Address) St. Louis, Mo.

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.

Wm.

STATEMENT BY LICENSED EMBALMER

I, Wm Rogers, Licensed Embalmer No. 3905

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... I. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Wm Rogers

Licensed Embalmer No. 3905

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)