

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.

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

23689  
Do not use this space.

DEC 12 1938

791

1003

Registered No. 6383

1. PLACE OF DEATH

(a) County..... Registration District No. ....  
 (b) Township..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. St. Johns Hospital St.  
 (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Jahns 520  
 (a) Residence, No. 4569 Athlone Avenue St. 9 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Albert C. Jahns</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 11, 1872</u>			
7. AGE	YEARS <u>66</u>	MONTHS <u>4</u>	DAYS <u>4</u>
			If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At home</u>		
	9. Industry or business in which work was done, as saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
	13. NAME <u>Jerry Mahaney</u>		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
	15. MAIDEN NAME <u>-Monahan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/15/38, 19....., to 7/15/38, 19.....  
 I last saw him alive on 7/15/38, 19..... Death is said to have occurred on the date stated above, at 5:05 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Disease  
Myocardial Infarction  
and arteriosclerosis  
 Date of onset

Other contributory causes of importance:  
None

Name of operation..... Date of.....  
 What test confirmed diagnosis? see 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 None  
 (Signed) Chas. Hugh Neilson, M. D.  
 (Address) Humboldt Bldg.

17. INFORMANT Miss Gertrude Jahns  
 (ADDRESS) 4569 Athlone Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE July 13, 1938

19. FUNERAL DIRECTOR (NAME) Math Hermann & Son  
 (ADDRESS) 2161 East Fair Avenue

20. FILED JUL 17 1938 J.P. Brudick  
 Local Registrar

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

Licensed Embalmer No. *2967*

P. O. Address *2161 E. Fair*

**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.)**

**If this body is not embalmed, above space should be left blank.**