

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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43
39
C36671

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County *St. Louis*

(b) City or town *St. Louis*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital #10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME *MELANIE JAHNS*

3. (b) If veteran, name war *None*

3. (c) Social Security No. *None*

4. Sex *Female* 5. Color or race *white*

6. (a) Single, widowed, married, divorced *Widowed*

6. (b) Name of husband or wife *Late Herman Jahns*

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased *Oct. 24th, 1860*
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<i>83</i>	<i>2</i>	<i>27</i>	hr. _____ min. _____

9. Birthplace *Alsea - Terraine*
(City, town, or county) (State or foreign country)

10. Usual occupation *Housewife*

11. Industry or business _____

12. Name *Unknown Dudley*

13. Birthplace *Alsea - Terraine*
(City, town, or county) (State or foreign country)

14. Maiden name *Mahmann*

15. Birthplace *Alsea - Terraine*
(City, town, or county) (State or foreign country)

16. (a) Informant *Herman Jahns*

(b) Address *5326 Newnshire Ave*

17. (a) *Cremation* (b) Date thereof *1-22-44*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Marquri Crematory*

18. (a) Signature of funeral director *Wm. J. Martine*

(b) Address *4218 So. Kingshighway*

19. (a) *JAN 21 1944* (b) *J. Bredeck*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *St. Louis*

(c) City or town *St. Louis*
(If outside city or town limits, write "RURAL")

(d) Street No. *5326 Newnshire Ave*
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country *0*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Jan* day *20th*
year *1944* hour *8:12* minute *17* M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death *Cancer face, fracture of right arm and shoulder when she fell while attempting to get out of bed at City Hosp on or about Jan 9th 1944 after midnight*

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *Accident 000*

(b) Date of occurrence *Jan 9 1944*

(c) Where did injury occur? *St. Louis*
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? _____ (Specify type of place)

(e) Means of injury *fall*

23. Signature *Thomas J. Callahan* (M. D. or other)
Address *Deputy Coroner* Date signed *1-21-44*

Duration _____

Underline the cause to which death should be charged statistically.

See reverse side

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 *Edwin A. Mc Nemeth*

Licensed Embalmer No. *3024*

P. O. Address.....

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, fact should be so stated above.