

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

Do not use this space.

38520

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1. PLACE OF DEATH
 County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. 10183
 City St. Louis (No. 5814 Cabanne Ave) St. Ward)
 2. FULL NAME Jane C. Trees
 (a) Residence, No. 5814 Cabanne Ave 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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 64
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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) Chicago Ill.
 13. NAME Rasmus Trees
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hennick
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hennick
 17. INFORMANT Mr. E. Russell
 (ADDRESS) 5814 Cabanne
 18. BURIAL, CREMATION, OR REMOVAL Springfield Ohio DATE Nov 27th 1933
 19. UNDERTAKER Wagoner and Co
 (ADDRESS) 3621 Olive St.
 20. FILED Nov 26 1933 J. H. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1933
 22. I HEREBY CERTIFY, That I attended deceased from 1928, 19... to Nov 26 1933
 I last saw him alive on Nov 1 1933. Death is said to have occurred on the date stated above, at 1:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Crown artery Sclerosis
 Date of onset about 1931
(My associate Dr. W. S. Brown was present or died)
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Symptoms 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? No
 If so, specify _____
 (Signed) J. H. Bredeck, M. D.
 (Address) 870 Alameda St. St. Louis, Mo.

S. NO. 2

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