

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.

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

Do not use this space.

44556

1. PLACE OF DEATH

County _____ Registration District No. 751
 Township St. Louis Mo Primary Registration District No. _____
 City St. Louis Mo (No. City Hospital #2) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 914 - (A) East Ave Ward. 25
 (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 Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 - 1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>39</u>	<u>8</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

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) St. Louis Mo

13. NAME Luke St. Janassa

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

15. MAIDEN NAME Ninah Smith

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

17. INFORMANT Judy Perderie
 (ADDRESS) 2746 Lantier Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Fallchicklick DATE 12-11 1929

19. UNDERTAKER Hamer & Sons
 (ADDRESS) 8103 2nd St Wash Stn Ave

20. FILED C - 9 1934
J. F. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from 11 - 17 - 1934, to 12 - 3 - 1934.
 I last saw him alive on 12 - 3 - 1934. Death is said to have occurred on the date stated above, at 4:20 p. m.

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

Pneumonia
100
100
 Date of onset 11-18-34

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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 _____
 (Signed) J. Owen Blacha M. D.
 (Address) City Hospital #2

