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.

MAR 24 1934

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

Do not use this space.

7202

File No.

Registered No. 2085

1. PLACE OF DEATH

County

Township

City St. Louis. (No. City Hospital. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Missouri Elizabeth Janis.

(a) Residence, No. 1327 Hogan St. St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 (*write* the word): Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: B. A. Janis.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 7, 1846.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	87	2	18	

OCCUPATION

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): Ste. Genevieve. Mo.

FATHER

13. NAME: Wm. Wooldridge.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): WestVa.

MOTHER

15. MAIDEN NAME: Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

17. INFORMANT: Lawrence F. Janis
(ADDRESS) 4146 Wyoming St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Pk. DATE Feb. 28, 1934.

19. UNDERTAKER: A. H. Gebken & Co.
(ADDRESS) 2842 Meramec St.

20. FILED FEB 28 1934 J. F. Bredeck *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1934

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 ~~9:30 P~~ .m. 10:30 PM

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

Shock and Injuries from second & third degree burns received when tending fire in stove at residence about 6:30PM Feb. 25, 1934.

Date of onset

Other contributory causes of importance:

181 (Residence not destroyed)

180

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/25, 1934

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Burns.

Nature of injury "

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Delaney, M. D.

(Address) Deputy Coroner

2/27/34