

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.

JAN 12 1940

Registration District No. 2025

Primary Registration District No. \_\_\_\_\_

Registrar's No. 11034

1. PLACE OF DEATH: 2025  
 (a) County 2  
 (b) City or town St Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3891 Connecticut  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 2 1/2 weeks years, months or days)

8. (a) PRINT FULL NAME Paul E Janzow 520  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 7 years  
 7. Birth date of deceased October 20 1874  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Farley Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Truck Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Chas. L Janzow  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Wilhelmina Mueller  
 15. Birthplace Milwaukee Wis.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas. L. Janzow  
 (b) Address 5385 Pershing Ave

17. (a) Burial (b) Date thereof Dec 27 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Bethlehem Cemetery

18. (a) Signature of funeral director Reidarwieden Funeral Home  
 (b) Address 1936 St Louis Ave

19. (a) DEC 27 1939 (Date of death)  
 (b) J. J. Bredbeck (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 1  
 (c) City or town St Louis 16  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3891 Connecticut Str  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25  
 year 1939 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from Dec 19, 1939 to Dec 25, 1939  
 that I last saw him alive on Dec 24, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Carcinoma of Larynx  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: MM  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration

4 mm

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

In \_\_\_\_\_ (Specify type of place)  
 while at work? (c) Means of injury \_\_\_\_\_

23. Signature Arthur N. Just (M.D. or other) MD  
 Address 1904 Madison St Date signed 12/26/39

**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. *3737*

P. O. Address *1936 St. Louis*

**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.**