

4450 MAY 19 1943

Registration District No. 812

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4961 Laclede Ave. /
(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) Lifetime

3. (a) PRINT FULL NAME Paquerette J. Janssen
 3. (b) If veteran, name war.....
 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 Charles C. Janssen
 6. (c) Age of husband or wife if alive 5 years
 7. Birth date of deceased April 5 1867
(Month) (Day) (Year)

8. AGE:	Years <u>76</u>	Months <u>1</u>	Days <u>4</u>	If less than one day hr. min.
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9. Birthplace..... St. Louis, Mo.
(City, town, or county) (State or foreign country)
Housewife

10. Usual occupation.....
 11. Industry or business.....
 12. Name Amada Jolivet
 13. Birthplace Paris, France
(City, town, or county) (State or foreign country)
 14. Maiden name Pauline M. Bouthier
 15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Janssen
 (b) Address 4961 Laclede Ave.
 17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof May 12, 1943
(Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine Cem.
 18. (a) Signature of funeral director Wagoner Und. Co.
 (b) Address 3621 Olive St.

19. (a) MAY 19 1943
(Date received local registration) (b) J. F. Budeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 0011
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4961 Laclede
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country..... 0

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 9th
 year 1943 hour 4 minute 00 A.M.
 21. I hereby certify that I attended the deceased from July 1, 1931, to May 9, 1943,
 that I last saw her alive on May 9, 1943,
 and that death occurred on the date and hour stated above.

Immediate cause of death..... acute myocardial failure
 Due to chronic myocarditis 10 yrs
Diabetes mellitus 15 yrs

Due to.....
 Other conditions GI
(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).....
 (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?
(Specify type of place)
 While at work?..... (b) Means of injury.....
 23. Signature Walter P. Johnson (M. D. or other)
 Address 634 No Grant av Date signed 5/9/43
St Louis, Mo

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Melvin J. Kemper
Licensed Embalmer No. 4052
P. O. Address 4005 Lexington

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.