

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5292
1513
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Lutheran Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town Belle
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Jannick
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Gustave Jannick
(c) Age of husband or wife if alive 52 years
7. Birth date of deceased March 20 1897

8. AGE: Years 46 Months 10 Days 24
If less than one day hr. min.

9. Birthplace Osage County Missouri

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Michael J. Steiner
13. Birthplace Unknown Missouri
14. Maiden name Martha Wittrock
15. Birthplace Unknown Germany

16. (a) Informant Gustave Jannick
(b) Address Belle, Missouri

17. (a) Burial (b) Date thereof 2-17-44
(c) Place: burial or cremation Sland, Missouri

18. (a) Signature of funeral director Gottenstroetter
(b) Address Owensville, Illinois

19. (a) FEB 15 1944 (b) J. J. Brudeck (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1944 hour 6:35 minute P.
21. I hereby certify that I attended the deceased from 1/30/44 to 2/14/44
that I last saw her alive on 2/14/44 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus
Due to Fibroid uterus (Benign) 48
Other conditions 56
Major findings: Fibroid uterus

Duration 1 day
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature (M. D. or other)
Address 3651 Emerald St. Date signed 2/16/44

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

844

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.....

John Agninski

Licensed Embalmer No. *3398*.....

P. O. Address.....

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.