

FILED MAY 8 1944
Registration District No. 3194

Primary Registration District No. 6076

Registrar's No. 1026

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Lemay
(c) Name of hospital or institution: Florence Home 4233 East Etta
(d) Length of stay: In hospital or institution 3 Months
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 030
(c) City or town St Louis
(d) Street No. 2619 S 4th St.
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH JANSEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or face White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 16 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business Housewife.

MOTHER FATHER { 12. Name Henry Tranel
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 7

16. (a) Informant Lena Borisville
(b) Address 3715 Virginia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4th/44
(Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Thorluteis & Son
(b) Address 2906 Gravois Ave.

19. (a) MAY 3 - 1944 (Date received local registrar) (b) E. H. Mc Gowan (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1944 hour 7 00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 1 1944 to May 1 1944
that I last saw him alive on May 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration 6 mo.

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

Major findings: Of operations 93d
Of autopsy _____
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? _____

While at work? 7 (Specify type of place) (e) Means of injury 120
23. Signature Owen J. Toure (M. D. or other) _____
Address 7606 Date signed 5/1/44

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

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

David Van Fossan

Licensed Embalmer No. *4242*

P. O. Address. *2906 Leavisa*

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.