. S. No. 2
M—9-4-41
ev. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 30 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29469

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8136

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ohio
(c) City or town St. Louis 17 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2100 S. 11th St. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rose Janauschek
3. (b) If veteran, name war ---- 3. (c) Social Security No. ----
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Janauschek 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Unknown (Month) About (Day) 1866 (Year)

8. AGE: Years About 76 Months Unknown Days If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Joseph Binz
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER 14. Maiden name Rose Wolf
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Joseph Janauschek
(b) Address 2100 S. 11th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope
18. (a) Signature of funeral director [signature]
(b) Address 1926 Allen Ave.
19. (a) SEP 23 1944 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21st year 1944 hour 9 minute 5 A.M.
21. I hereby certify that I attended the deceased from Sept. 8th, 1944, to Sept. 20, 1944 that I last saw her alive on Sept. 20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Massive coronary heart failure	5 min.
Due to exertion, excitment attendant to going home from hospital	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature L. V. Sorrilla M.D. (M. D. or other)
Address 3115 So. Grand Blvd Date signed 9/22/44

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm. E. Moyaell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen Ave

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.