

1. PLACE OF DEATH:
(a) County... Saint Louis Mo.
(b) City or town... Rural St. Ferdinand
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Villa Beau 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... Seven Years
(Specify whether
In this community... _____
years, months or days)

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

3. (a) PRINT FULL NAME... Sister Mary Wladislawa Janta
3. (b) If veteran, name war... _____
3. (c) Social Security No... _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month... Dec day... 23
year... 1944 hour... 10 minute... a M.
21. I hereby certify that I attended the deceased from... four
1943 to... Dec 23 1944
that I last saw her alive on... Dec 20 1944
and that death occurred on the date and hour stated above.

4. Sex... Female 5. Color or race... White
6. (a) Single, widowed, married, divorced... 9
6. (b) Name of husband or wife... _____
6. (c) Age of husband or wife if alive... _____ years
7. Birth date of deceased... Oct. 25, 1858
(Month) (Day) (Year)

Immediate cause of death... Apoplexy
Hypertension
Due to... _____
Due to... _____
Other conditions... _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
87 1 28 hr. min.
9. Birthplace... Washington Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations... _____
Of autopsy... _____
Underline the cause to which death should be charged statistically.

10. Usual occupation... Teacher
11. Industry or business... _____
12. Name... Albert Janta
13. Birthplace... Germany
(City, town, or county) (State or foreign country)
14. Maiden name... Anna Janczyk
15. Birthplace... Europe
(City, town, or county) (State or foreign country)

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 _____ (Specify type of place) (e) Means of injury _____
Signature... Dr. J. J. Conroy (M. D. or other) _____
Address... 5005 A GRAVOLS Date signed 12/23/44

16. (a) Informant... Sister M. Valentine
(b) Address... 12000 Riverview Drive Box 503
17. (a) _____ (b) Date of death... Dec 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation... Villa Beau
18. (a) Signature of funeral director... Ed Penner
(b) Address... 7400 S. James Hwy Rd
19. (a) DEC 26 1944 (b) E. S. McClauran
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 *Ronald O. Yalovick*
Licensed Embalmer No. *3917*

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.