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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25011

Registration District No. 317 Primary Registration District No. 3066 Registrar's No. 1801

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Agnes Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs. (Specify whether
In this community 4 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 10341 Manchester 3
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME RHODA M. JANIS.

3. (b) If veteran, name war No.

3. (c) Social Security No. —

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife Felix H. JANIS

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased Apr. 28 1856
(Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 17 If less than one day ___ hr. ___ min.

9. Birthplace St Francois Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Franklin Murphy
13. Birthplace Farmington Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maryann Alley
15. Birthplace Texas 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs.
(b) Address 6039 Cates Ave.

17. (a) burial (b) Date thereof July 17 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Alexander & Sons.
(b) Address 6175 Delmar Blvd. St Louis

19. (a) 7-18-45 (b) E. G. McGavran MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1945 hour 7 20 minute P.M.

21. I hereby certify that I attended the deceased from July 9, 1945, to July 15, 1945; that I last saw her alive on July 14, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	2 days
Due to Arteriosclerosis 97	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature Paul E Rutledge (M. D. or other) MD.
Address Kirkwood Mo Date signed 7-18-45

(Licensed Embalmer's Statement on Reverse Side)

By Rutledge
411 N Kirkwood
Rd

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 Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Pelmar

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.