

FILED 318 20 1946

Registration District No. 318

1003

State File No. _____

Registrar's No. 2369

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs. 8 mos. 16 ds
(Specify whether years, months or days)
In this community 77 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 13 17
(d) Street No. 4122 Flora Pl.
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No?)
If yes, name country _____

3. (a) PRINT FULL NAME MARIE ISABEL JANNI

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female / 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Alfredo Janni 6. (c) Age of husband or wife if alive 1868 years

7. Birth date of deceased October 19 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 21 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business _____

12. Name William Wilcox

13. Birthplace Liverpool England
(City, town, or county) (State or foreign country)

14. Maiden name Louise Calvert

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant T. Singled
(b) Address 5400 Arsenal St.

17. (a) Burial: Bellefontaine (b) Date thereof 3/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd

19. (a) MAR 11 1946 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 10
year 1946 hour 11.000 minute P M.

21. I hereby certify that I attended the deceased from Feb. 15 1946 to Mar. 10 1946
that I last saw her alive on Mar. 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Gangrene of the foot
Due to 1 mo.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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) (b) Means of injury _____
23. Signature J. F. Buddeck (M. D. or other) _____
Address 5400 Arsenal Date signed 3/14/46

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 *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *416 S. Seidell*

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.