S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11037

FILED APR 8 1947

Registration District No. 8187

Primary Registration District No. 1003

Registrar's No. 3203

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 6002 Maple Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (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 (If outside city or town limits, write "RURAL")

(d) Street No. 6002 Maple Ave (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME HENRY J. JANIS

3. (b) If veteran, name war ✓

3. (c) Social Security No. 491-14-9006

4. Sex Male O

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma M.

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased March (Month) 15 (Day) 1868 (Year)

8. AGE: Years 79 Months 0 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Ste. Genevieve (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Jules Janis
13. Birthplace Ste. Genevieve (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Bovene
15. Birthplace Ste. Genevieve (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Emma M. Janis

(b) Address 6002 Maple

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-27-47 (Month) (Day) (Year)

(c) Place: Burial or cremation Ste. Genevieve Mo.

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) MAR 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1947 hour 12:17 minute A. M.

21. I hereby certify that I attended the deceased from 1945, 19..., to Mar 25, 1947, that I last saw him alive on Mar 24, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure, acute	3 days.
Due to: Cardio renal vascular	2 years
Due to: disease with hypertension	
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 R. B. Barrett (M. D. or other)

Address 5427 Delmar Date signed 3-25-47

(Licensed Embalmer's Statement on Reverse Side)

Mr. Walter Dassen
5427 Delmar
2-4 P.M.

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.