

FILED OCT 28 1947

State File No. _____

Registration District No. 219

Primary Registration District No. 4469

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Ste. Genevieve
(b) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve
(c) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL")
(d) Street No. 199 Merchant
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Felix A. Janis

3. (b) If veteran, name war _____
3. (c) Social Security No. 492-03-9579

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1947 hour 10 minute 22 P.M.

21. I hereby certify that I attended the deceased from Nov 2, 1943 to Oct 16, 1947
that I last saw him alive on Oct 16, 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: February 4 1877
(Month) (Day) (Year)

Immediate cause of death Acute Coronary Thrombosis Duration 1 hour

8. AGE: Years 70 Months 8 Days 12
If less than one day _____ hr. _____ min.

Due to Chronic Myocarditis
Chronic Hypertension
Due to Arteriosclerosis

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

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

10. Usual occupation Printer

11. Industry or business _____

Major findings: Of operations _____

12. Name Jules F. Janis

Of autopsy _____
Underline the cause to which death should be charged statistically.

13. Birthplace Fredericktown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Boverie

15. Birthplace Ste. Genevieve Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant LeClere Janis

(b) Address Ste. Genevieve, Missouri

17. (a) Burial (b) Date thereof Oct. 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Missouri

18. (a) Signature of funeral director Jerome H. Stanton
(b) Address Ste. Genevieve, Missouri

19. (a) 10-20-47 (b) Chessa M. Karl
(Date received local registrar) (Registrar's Signature)

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 P. L. Lanning (M. D. or other) _____
Address Ste. Genevieve Mo Date signed 10/17/47

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

MOTHER FATHER

FEB 2 1948

RECEIVED

District Health Officer No. 4
District File Number 1047-1351
Date Filed 10-27-47

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 Jerome A. Stanton
Licensed Embalmer No. 3817
P. O. Address St. Genevieve St

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.