

FILED DEC 22 1947

Registration District No. 57

Primary Registration District No. 6076

Registrar's No. 2589

1. PLACE OF DEATH:

(a) County St. Louis's Mo  
(b) City or town Rural: Airport township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Joseph Sanatorium  
(If not in hospital or institution, write street number and location) 11000 Road  
(d) Length of stay: In hospital or institution 5 1/2 weeks (Specify whether  
In this community 62 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91  
(c) City or town Jennings (If outside city or town limits, write "RURAL")  
(d) Street No. 2412 Switzer Avenue (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Henry Janning

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mamie Janning

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 24, 1879  
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

12. Name Frederick Janning

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

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Janning

(b) Address 2412 Switzer Ave., Jennings

17. (a) Burial (b) Date thereof 12-17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. Brock

(b) Address 2117 East Grand Bldg.

19. (a) 12-16-47 (b) Joseph Sanatorium  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14  
year 1947 hour two minute 15 A. M.

21. I hereby certify that I attended the deceased from November 5  
1947 to December 14 1947  
that I last saw him alive on December 14 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma Duration 5 months

Due to 45 f

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature Alleg Duron (M. D. or other)

Address Joseph Sanatorium Date signed 12/14/47

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

MOTHER FATHER

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**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.....  
*Frank A. Moore*

Licensed Embalmer No..... *3041*

P. O. Address..... *2117 E. Grand*

**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.**