

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10317**
Registrar's No. **2534**

FILED MAR 23 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hospital; (?)
(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 **Missouri** (b) County **100**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1107a Chestnut**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13**
year **1948** hour **3** minute **20 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia
Coronary Thrombosis

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) _____
Means of injury _____

23. Signature **Patrick E. Taylor** (M. D. or other) _____
Address **Deputy Coroner** Date signed **4/1/48**

3. (a) PRINT FULL NAME **Paul Janz**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, divorced, married **Married**

6. (b) Name of husband or wife **Anna Janz** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **May 26, 1876**
(Month) (Day) (Year)

8. AGE: Years **71** Months **9** Days **17** If less than one day hr. _____ min. _____

9. Birthplace **Stettin Germany 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Tinner**

11. Industry or business _____

12. Name **Unknown Unknown**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown Unknown**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter R. Janz**

(b) Address **906 Harlan Ave.**

17. (a) **Cremation** (b) Date thereof **3/16/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Albert H. Hoppe Inc**

(b) Address **4700 Washington Blvd.**

19. (a) **MAR 14 1948** (b) **J. J. Benedict**
(Date received local registrar) (Registrar's signature)

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..... *Gustav W. Dietrich*

Licensed Embalmer No..... *4329*

P. O. Address..... *St. Louis, Mo*

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.