S. No. 2
M—1/47
5-17-39

#20562

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 11 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 114258

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4167

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

1. PLACE OF DEATH:
(a) County
(b) City or town St.Louis,Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St.Louis City Hospital-Max C. Starkloff
(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
(c) City or town St.Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4145 Penrose St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Esther B. Janis
3. (b) If veteran, name war No
3. (c) Social Security No. 486-20-1060
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Janis
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased April (Month) 10 (Day) 1918 (Year)

8. AGE: Years 30 Months 0 Days 20 If less than one day hr. min.

9. Birthplace St.Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Rolla Bailey
13. Birthplace Reynolds County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Marie Graham
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Edward Janis
(b) Address 4145 Penrose St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4,1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt.Hope Cemetery
18. (a) Signature of funeral director C.Hoffmeister U.& L.Co.
(b) Address 7814 S.Broadway
19. (a) MAY 3 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th year 1948 hour 8 minute 10 P M.
21. I hereby certify that I attended the deceased from 4/3/48 19 to April 30th 1948; that I last saw her alive on April 30th 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death UREMIA	3 DAYS
Due to HYDRO-URETERS - HYDRO PELVES	
Due to CARCINOMA OF THE CERVIX	1 YR
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy RECTOVAGINAL FISTULA CA OF CERVIX - HYDROURETERS - CANCER LYMPH ADS

PHYSICIAN
Underline the cause of 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 Lee A. Hall 1515 Lafayette (M.D. or other)
Address Date signed 5/1/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schiermacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.