

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Christian Hospital
(d) Length of stay: In hospital or institution 4 days
In this community 6 years

3. (a) PRINT FULL NAME JOHN JANSON
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, married, divorced, Widowed
6. (b) Name of husband or wife Susan E. Janson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 6, 1856

8. AGE: Years 91 Months 5 Days 16

9. Birthplace Stark County Ohio
10. Usual occupation Retired Farmer

11. Industry or business
12. Name John Janson
13. Birthplace Magnolia Ohio
14. Maiden name Josephine Cerva
15. Birthplace North Industry Ohio

16. (a) Informant Miss. Mary E. Craig
(b) Address 6600 Washington Avenue
17. (a) Burial (b) Date thereof May 23, 1948
(c) Place: burial or cremation East Sparta Ohio

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue
19. (a) MAY 23 1948 (b) J. F. Bressan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(d) Street No. 6600 Washington Avenue
(e) Citizen of foreign country? No
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22, 1948
year hour 6:30 minute P M.
21. I hereby certify that I attended the deceased from about September 1945 to May 27, 1948.
that I last saw him alive on May 22, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Senility
Other conditions Arteriosclerosis
Major findings: Of operations No operation
Of autopsy None
Duration Chronic
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature Andy Hill, Jr. (M. D. or other)
Address University City, Mo. Date signed 5-22-48

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

John S. Kennedy

Licensed Embalmer No. *4194*

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.