

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6996

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 00200			
1. PLACE OF DEATH a. COUNTY St. Louis County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY St. Louis Mo. 96					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lemay Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lemay Mo. 0		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 9 Box 450 Lemay				d. STREET ADDRESS (If rural, give location) Rt. 9 Box 450 Lemay Mo. 0					
3. NAME OF DECEASED (Type or Print) a. (First) Barbara			b. (Middle)			c. (Last) Jansen			
4. DATE OF DEATH (Month) (Day) (Year) 2 2 49			5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH 4 II 1897			9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months 8		IF UNDER 24 HRS. Days 21 Hours 1 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Hungary 8		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Weise			13b. MOTHER'S MAIDEN NAME Marie Weiman			14. NAME OF HUSBAND OR WIFE Heere Jansen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Heere Jansen Rt. 9 Lemay Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Metastatic carcinoma of lung</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinoma of left lung 6 months</i> DUE TO (c) <i>47d 175%</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i>	
19a. DATE OF OPERATION Aug 11, 1948		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of left lung general metastases thesaurus</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July 21, 1948, to 2-2-1949, that I last saw the deceased alive on 2-1-1949, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Arthur M. Smith M.D.</i>				23b. ADDRESS <i>4145 S. Grand</i>				23c. DATE SIGNED <i>2/3/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2 5 49		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. <i>2-4-49</i>		REGISTRAR'S SIGNATURE <i>Thurid Lemay</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wingbermuehle 3819 S. Grand					

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

Grand, Missouri

9600

1-1-1

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. Allen Davis
Licensed Embalmer No. 4053

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.