

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32441

State File No.

BIRTH NO. 69491-49 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3269 Registrar's No. 2117

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Richmond Hts</u> c. LENGTH OF STAY (In this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4427 So Grand Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>Jansky</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept 4 1949</u>
9. AGE (In years last birthday) _____	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Andrew W Jansky</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian R Barta</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Andrew W Jansky 4427 So Grand Ave</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Central Anoxia due to abruptio Placentae</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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) <u>761.5</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 <u>9-4-49</u> , 19 <u>49</u> , to <u>9-6-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-6</u> , 19 <u>49</u> , and that death occurred at <u>12:30 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John E. Egley</u> (Degree of title) <u>M.D.</u>		23b. ADDRESS <u>1116 No. Thrasher Bldg. St Louis, Mo.</u>	23c. DATE SIGNED <u>9-6-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 6 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S.S. Peter & Paul</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>
DATE REC'D BY LOCAL REG. <u>9-6-49</u>	REGISTRAR'S SIGNATURE <u>Richard R. Hendricks</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Southern Funeral Home 6322 So Grand</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

15-c

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.

Signed

Ardau Fossan

Signed.....
Student Embalmer

Licensed Embalmer No. 4292

P. O. Address 6322 St. 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.