

FILED DEC 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39191**  
**10195**

BIRTH NO. _____		REG. DIST. NO. <b>378</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2079</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5214 Thrush Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>5214 Thrush Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charlotte</b>		b. (Middle) _____		c. (Last) <b>Janboecke</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 15 51</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>widowed</b> (Specify)		8. DATE OF BIRTH <b>Oct. 28-1860</b>	
9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>4</b>	
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>late Frederick Janboecke</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. A. Rock 5214 Thrush Ave.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 MO</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4222</b>			
22. I hereby certify that I attended the deceased from <b>June 9, 1957</b> , to <b>Nov 14, 1957</b> , that I last saw the deceased alive on <b>Nov 14, 1957</b> , and that death occurred at <b>2:45 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>G. W. Knapp</b>		(Degree or title) <b>1002</b>		23b. ADDRESS <b>4981 1/2 Thrush ave</b>		23c. DATE SIGNED <b>11-16-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-17-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Pickers Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>	
DATE REC'D BY LOCAL REG. <b>NOV 16 1957</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith m 10</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Leidner U. 2223 St. Louis Ave.</b>			

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

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

*John S. Derr*  
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.