

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30399

State File No.

REC'D AUG 23 1952

BIRTH NO.		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>500</u>	Registrar's No. <u>2189</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay,</u>		c. LENGTH OF STAY (In this place township) <u>15 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>214 East Velma Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>214 East Velma Ave.</u>		
3. NAME OF DECEASED a. (First) <u>Anna</u>		b. (Middle) <u>M</u>		c. (Last) <u>Janning</u>
4. DATE OF DEATH (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 19, 1875</u>	9. AGE (In years, months, days, hours, min.) <u>77 Yrs.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Bernard Jeck</u>		13b. MOTHER'S MAIDEN NAME <u>Madgalen Erlewein</u>
14. NAME OF HUSBAND OR WIFE <u>(Deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ferd Janning, 4742 RosA 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>331X</u>		INTERVAL BETWEEN ONSET AND DEATH
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) <u>no</u>		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?
22. I hereby certify that I attended the deceased from <u>10-31</u> , 19 <u>47</u> , to <u>8-19</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-19</u> , 19 <u>52</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>R. Boyms</u>		23b. ADDRESS <u>32038 Grand St. Louis Mo</u>		23c. DATE SIGNED <u>F-1982</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 22, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Und. Co.</u>		
DATE REC'D BY LOCAL REG. <u>8-20-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dornbe MD</u>		ADDRESS <u>7420 Michigan Ave.</u>

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

4000

Dr. Berg
3203 So. Grand

11:30 to 3:10

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



Licensed Embalmer No. _____

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.