

STANDARD CERTIFICATE OF DEATH

33471

State File No.

FILED OCT 15 1953

 BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9073

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> c. LENGTH OF STAY (In this place) <u>17 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Desloge Hospital</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>25 DeSoto Hotel 1014 Locust St.</u>															
3. NAME OF DECEASED (Type or Print) <u>MADELINE</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>JANIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>19</u> <u>1953</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>6/2/1877</u>	9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sec. Dept Int. Revenue</u>		11. BIRTHPLACE (State or foreign country) <u>Oketa Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Joseph Guittard</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Wiley</u>			14. NAME OF HUSBAND OR WIFE <u>Pierre Antoine Janis Dec'd</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Kenneth Nickolson Bloomfield Mich.</u>			ADDRESS <u>1916</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe cachexia</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Metastatic carcinoma of pelvis & femurs.</u> DUE TO (c) <u>Carcinoma of breast</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>6 mos.</u> <u>1 yrs.</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)			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 <u>170X</u>			
22. I hereby certify that I attended the deceased from <u>6/25/53</u>, 19<u> </u>, to <u>9/19/53</u>, 19<u> </u>, that I last saw the deceased alive on <u>9/19/53</u>, 19<u> </u>, and that death occurred at <u>12.21A.</u>, from the causes and on the date stated above.																		
23a. SIGNATURE <u>Charles S. Shewin</u>						23b. ADDRESS <u>M.D.</u> <u>3720 Washington Ave.</u>			23c. DATE SIGNED <u>9/20/53</u>									
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			24b. DATE <u>9/21/53</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>									
DATE REC'D BY LOCAL REG. <u>SEP 21 1953</u>			REGISTRAR'S SIGNATURE <u>J. Charles Smith</u>						25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u>			ADDRESS <u>6633 Clayton Road</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 19 1954

NOV 25 1953

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 Embalmer No.....

Signed.....
Student Embalmer

Signed *Ernest W. Spiller*

Licensed Embalmer No. *4080*

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.