

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34633

State File No.
Registrar's No. 2438

FILED OCT 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2438</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 <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEMAY</u>		c. LENGTH OF STAY (In this place) <u>5 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEMAY #230</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nazareth Convalescent</u>				d. STREET ADDRESS (If rural, give location) <u>Route 11 Box 370</u>					
3. NAME OF DECEASED (Type or Print) <u>Sister Mary Cecelia Janson</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
<u>3</u>		<u>12</u>		<u>23</u>		<u>1953</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>May 29, 1887</u>			
9. AGE (In years, last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>3</u>		IF UNDER 12 HOURS Days <u>13</u>		IF UNDER 1 MIN. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u>		11. BIRTHPLACE (State or foreign country) <u>Columbia, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Michael Janson</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Kreck</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>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sister Francis Augustine</u>		ADDRESS <u>Medville, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arterio-sclerosis</u>				2 yrs	
				DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) <u>334X</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>Jan., 1953</u> to <u>Sept 13, 1953</u> , that I last saw the deceased alive on <u>Sept 11, 1953</u> , and that death occurred at <u>5:20P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>George A. O'Sullivan, M.D.</u> (Degree or title)				23b. ADDRESS <u>4217 Sherman St. Parkville, Mo.</u>		23c. DATE SIGNED <u>9-14-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 15, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nazareth</u>		24d. LOCATION (City, town, or county) (State) <u>Medville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9/14/53</u>		REGISTRAR'S SIGNATURE <u>Robert G. Spink M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. & L. Co. 781 1/2 So. Broadway St. Lodi 11 Mo.</u>					

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

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