

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047236

STATE FILE NUMBER

Registration District No. 317 - Primary Registration District No. 500 Registrar's No. 3633

AMENDED

FILED JAN 9 1962

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellisville Length of stay in 1b 3 yrs.
 c. FULL NAME OF HOSPITAL OR INSTITUTION Sunset Sanitarium Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN Grover Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First William Middle Joseph Last Janecek
 4. DATE OF DEATH Month 12 Day 19 Year 1961
 5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10-27-19 9. AGE (last birthday) 82 IF UNDER 1 YEAR Months Days Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance 10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office 11. BIRTHPLACE (City and state or country) Pilsen Austria 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Jacob Janecek 13b. MOTHER'S MAIDEN NAME Anna ? 14. NAME OF HUSBAND OR WIFE Emily Title Janecek
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Navy 1903-4 16. SOCIAL SECURITY NO. None 17. INFORMANT Emily Janecek Address 1321 N. Rockwood St. St. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
 DUE TO (b) Generalized Arteriosclerosis
 DUE TO (c) unknown.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cerebral Arteriosclerosis; Deformed right hip
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour 12:15 p.m. Month, Day, Year
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 15 March 1918 to 12/19/61 and last saw him alive on 12/19/61
 Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. N. Jamnett M.D. 22b. ADDRESS 244 Manchester St. Kirkswood, Mo. 22c. DATE SIGNED 12/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 12-21-1961 23c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
 24. FUNERAL DIRECTOR ADDRESS MITTELBERG FUNERAL HOME, INC. 25. DATE RECD. BY LOCAL REG. 12-21-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

WEBSTER GROVES 19, MO. (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 _____
Signature of Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis Mo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.