MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 11004

Registered No. 2863

Registration District No. 791

Primary Registration District No. 1003

APR 25 1934

1. PLACE OF DEATH

County .....

Township .....

City St Louis Mo. (No. ....., Barnes Hosp. ..... St. ..... Ward)

2. FULL NAME Raymond Wm Jansen

(a) Residence, No. 5434 Claxton Ave. Ward. 7
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Esther Barron Jansen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/16/1889

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
45	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chev? Motor Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 28 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER

13. NAME William Jansen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER

15. MAIDEN NAME Jennie Sluyter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Jennie Jansen
(ADDRESS) 5434 Claxton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE 3/22/34 19

19. UNDERTAKER Alexander Shore
(ADDRESS) 6175 Delmar Blvd.

20. FILED MAR 22 1934 J. F. Bredeck
Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1934, to 3-19, 1934

I last saw h. alive on 3-19, 1934 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, benign	1933
54D	
87B	
107A	

Filed

Other contributory causes of importance:

Pneumonia, bronchial	3-18-34

Name of operation Cerebral craniotomy Date of 3-16-34

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis A. Bozarth, M. D.

(Address) Barnes Hosp.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.