

APR 9 1937

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

Do not use this space.

10534

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City ST. LOUIS MO. (No. 1820A HOGAN STR. 3103

File No.

Registered No. 3108

St. Ward)

2. FULL NAME

EDWARD T. JANSEN.

(a) Residence, No. 1820A HOGAN.

St. 16

Ward.

(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

MALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

ANTOINETTE JANSEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

SEPT. 17TH 1872

7. AGE

YEARS

64

MONTHS

6.

DAYS

2.

IF LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.SHOE WORKER
FINISHER
FACTORY9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)

FEB 1 - 1937

11. Total time (years)
spent in this
occupation

4 YRS

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)RICH FOUNTAINE
MO

FATHER

13. NAME

JOHN JANSEN

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

GERMANY

MOTHER

15. MAIDEN NAME

THERESA MEYER.

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

GERMANY

17. INFORMANT
(ADDRESS)Sophia Jansen
WASHINGTON MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

S.S. PETER = PAUL

DATE

MAR. 22ND 193719. UNDERTAKER
(ADDRESS)BROCKLAND UND. CO.
1827 HOGAN STR.

20. FILED

MAR 21 1937

J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

MCH. 19TH 1937

22. I HEREBY CERTIFY That I attended deceased from

June 1, 1935, to July 19, 1937

I last saw him alive on Mar. 17, 1937 Death is said

to have occurred on the date stated above, at 11:30 P. m.

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

Date of onset

Myocarditis
Pneumonia
Bronchitis
Feb. 10,

Other contributory causes of importance:

Hypertension - Arteriosclerosis
Arteriosclerosis - Aneurysm

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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? No

If so, specify

(Signed) Thos. M. Davis, M. D.

(Address) 2424 N. Grand

