REC'D MAY 10 1938

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

Do not use this space.

15898

1. PLACE OF DEATH

County Saint Louis — Registration District No. 784 — File No.

Township Carondelet — Primary Registration District No. 200 — Registered No. 723

City ~~Jefferson Barracks~~ (No. , Vet. Hosp. St. Ward)

2. FULL NAME Edward JANSEN 59.5

(a) Residence, No. 4011 North Taylor Ave. St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. Unkn. 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: Mrs. Carmelia Jansen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20, 1874

7. AGE: YEARS 63 — MONTHS 10 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Elevator Installer
9. 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): --
11. Total time (years) spent in this occupation: --

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy, Illinois

FATHER

13. NAME: Barney Jansen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): --

MOTHER

15. MAIDEN NAME: Mary Epping
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy, Illinois

17. INFORMANT (ADDRESS): Clinical Archives, VAF Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jefferson Barracks DATE: 4-23-38 19

19. UNDERTAKER (ADDRESS): Provost Und. Co. 3710 N. Grand Blvd.

20. FILED 4-20 1938 R. Meyer M.D. Dep. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 26, 1938, to April 19, 1938

I last saw him alive on April 19, 1938. Death is said to have occurred on the date stated above, at 11:00 P.m.

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

	Date of onset
Arteriosclerosis, generalized	Unkn.
9321	
Other contributory causes of importance: Myocardial disease, congestive type of cardiac failure with hypertrophy and dilatation.	Unkn.

Name of operation: None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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: C. W. Hughes

(Signed) C. W. HUGHES, Chief Med. Officer M. D.

(Address) VAF JEFFERSON BKS MO.

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.