

NOV 21 1938
 A review 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.

1938 ~~APR~~ DEC 8 1938

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

40382
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 2
 (b) Township University City Primary Registration District No. 115
 (c) City University City (d) Street No. 7028 Kingsbury St. 1905
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Stifel Jens
 (a) Residence, No. 7028 Kingsbury St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Jens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>72</u>	<u>11</u>	<u>11</u>	<u>24</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Christopher Stifel
 14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Hammerstein
 16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT Stifel Jens
 (ADDRESS) 7028 Kingsbury

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Valhalla DATE Nov. 22, 1938
chapel of memories.

19. FUNERAL DIRECTOR W. H. Co
 (ADDRESS) 2707 North Grand St.

20. FILED NOV 21 1938
J. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to Nov 21, 1938.
 I last saw him alive on Nov 20, 1938. Death is said to have occurred on the date stated above, at 2.58 A. M.
 The principal cause of death and related causes of importance were as follows:
Hypertension of
Right Ventricle
with strain in lungs

Date of onset

Other contributory causes of importance: 50

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?
 If so, specify L. H. Kampman M. D.
 (Signed) L. H. Kampman (Address) 503 Bannock St.

STATEMENT BY LICENSED EMBALMER

I, Paul H. Krollenberg, Licensed Embalmer No. 2631

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Paul H. Krollenberg
Licensed Embalmer No. 2631

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.)