

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH 1903**

4314  
Do not use this space.

RECD MAR 13 1939

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 3  
 (b) Township St. Louis Primary Registration District No. 1 Registered No. 1007  
 (c) City St. Louis (d) Street No. 915 St. Antoine  
 (e) Length of residence in city or town where death occurred 520 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Evelyn Jenseny  
 (a) Residence, No. 915 St. 12 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write in the word) Unknown  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt: 60  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as 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) Unknown  
 FATHER 13. NAME " " 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "  
 MOTHER 15. MAIDEN NAME " " 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "  
 17. INFORMANT Leila Vaughn (ADDRESS) 915  
 18. BURIAL, CREMATION, OR REMOVAL Washington U PLACE DATE 1-31-39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Budich  
 20. FILED FEB 1 1939 J. P. Budich Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/18/39  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocardites  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
Arteriosclerosis  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Joseph M. Quinn  
 (Address) Deputy Coroner

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.

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**