

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.

REC'D MAR 13 1939

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

Do not use this space. **4641**

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **1334**
(c) City **St. Louis Missouri** (d) Street No. **2111 69th St.** St.
(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 **Saloma Marie Jasper**

(a) Residence, No. **2111 69th St.** St. **NR** (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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Roman E. Jasper**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 25, 1904**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 7 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**

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) **Washington** 0
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **John Beuke** 0

14. BIRTHPLACE (CITY OR TOWN) **Krakow** 0
(STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Anna Willenbrink**
16. BIRTHPLACE (CITY OR TOWN) **August Missouri**
(STATE OR COUNTRY)

17. INFORMANT **Roman E. Jasper**
(ADDRESS) **2111 69th St.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Dutzow Missouri** DATE **Feb. 13, 1939**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe Inc.**
(ADDRESS) **4700 Washington Blvd.**

20. FILED **FEB 10 1939** **J. P. Brudick**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 9, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **9:17**, 19**37**, to **2:9**, 19**39**

I last saw her alive on **2-9**, 19**39**. Death is said to have occurred on the date stated above, at **7:20** p.m.

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

cancer of transverse colon Date of onset

Other contributory causes of importance:
general carcinoma in abdominal cavity in situ

Name of operation **Resection of transverse colon** Date of **Oct. 11, 37**
What test confirmed diagnosis? **biopsy** 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) **Debra Ann Mass** M. D.
(Address) **508 No. Grand**

DEC 8 1948

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 *Albert E. Kappeler*

Licensed Embalmer No. *2971*

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.