

BUREAU OF THE CENSUS
AUG 25 1940

791

1003

Registrar's No. **5794**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 Years. years, months or days)

3. (a) PRINT FULL NAME Rev. Frederick P. Jens.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Louise Jens. 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan. 14 1866.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 23 hr. min.

9. Birthplace Jefferson City, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Sup't Deaconess Hospital.

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown.
13. Birthplace Unknown.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown.
15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Jens.
(b) Address 6112 Victoria Ave.

17. (a) Burial. (b) Date thereof 7-10-40.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zions cem.

18. (a) Signature of funeral director H. Leidner and Co
(b) Address 2226 St. Louis Ave.

19. (a) JUL 9 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 6112 Victoria Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1940 hour 8 minute 25 P. M.

21. I hereby certify that I attended the deceased from Jan 1st 1940 to July 9 1940;
that I last saw h alive on July 9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Diabetic heart

Due to Arteriosclerosis

Other conditions 57
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature L. H. Thompson (M. D. or other)
Address 303 Broadway Bldg Date signed 7/9/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3720 Washington Ave.
St. Louis 62104
830-1022M

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 Homer L. Ponder

Licensed Embalmer No. 3267

P. O. Address 2223 St. Louis

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.