DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30638

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 7915

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

1. PLACE OF DEATH:

(a) County

(b) City or town St.LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2026 Victor St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St.Louis. 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2026 Victor St. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life. years.

3. (a) PRINT FULL NAME BERNARD (BEN) JANSEN

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 Emilie Jansen

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 18 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 4 If less than one day hr. min.

9. Birthplace St.LOUIS MO. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Merchant own business

11. Industry or business Poultry Dealer 6

FATHER
12. Name Herman Jansen
13. Birthplace Germany (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Anna Hessling
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant EMILIE JANSEN
(b) Address 2026 Victor St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25/40 (Month) (Day) (Year)
(c) Place: burial or cremation S.S.PETER & PAUL

18. (a) Signature of funeral director Thos Kutis
(b) Address 2906 Gravois Ave.

19. (a) SEP 23 1940 (Date received for registry) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1940 hour 5 25 P.M. minute M.

21. I hereby certify that I attended the deceased from Sep 18/1940, 19, to Sep 22, 1940;
that I last saw him alive on Sep 22, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric Hemorrhage cause unknown	2 hrs
Due to non malignant	
Due to	
Other conditions Bronchi pneumonia (Include pregnancy within 3 months of death)	4 days

Major findings:
Of operations
Of autopsy

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

23. Signature Leo P. Young (M. D. or other)
Address 2621 S. Jefferson Date signed 9/23/40

(Licensed Embalmer's Statement on Reverse Side)

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

Thor Lutis, Registered Apprentice No.

working under my personal supervision.

Signed Thor Lutis

Licensed Embalmer No. 1619

P. O. Address 2906 Travis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.