FILED JAN 8 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43801

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 23220

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Creve Coeur (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ross Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Creve Coeur (If outside city or town limits, write "RURAL")
(d) Street No. Ross Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME LOUIS JANSSEN
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Magdalena Janssen
6. (c) Age of husband or wife if alive ✓ years
7. Birthdate of deceased Dec. (Month) 15 (Day) 1865 (Year)

8. AGE: Years 74 Months 11 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace Chesterfield (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
12. Name Edward Janssen (FATHER)
13. Birthplace Chesterfield (City, town, or county) Mo. (State or foreign country)
14. Maiden name Charlotte Sahm (MOTHER)
15. Birthplace Chesterfield (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Della Ausman
(b) Address Creve Coeur, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-40 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles
18. (a) Signature of funeral director Baumann Bros Inc.
(b) Address 2504 Woodson Rd - Overland, Mo.
19. (a) DEC 9 1940 (Date received local registrar) (b) R. Meyer MD Dir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7 year 1940 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from Oct 7, 1940, to Dec 5, 1940; that I last saw him alive on Dec 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to GBC

Due to

Other conditions Sterility (Include pregnancy within 3 months of death) Hypertension

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

23. Signature Royal O. McLean (M. D. or other) MD
Address Kirkwood Mo Date signed 12-7-40

(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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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, fact should be so stated above.