No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED FEB 24 1942

State File No. 429

Registration District No. 791 | Primary Registration District No. 1002 | Registrar's No. 668

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: BARNES 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Peoria

(c) City or town Peoria
(If outside city or town limits, write "RURAL")

(d) Street No. 616 N. Perry Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Athul Jasper

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 Single

6. (b) Name of husband or wife Single

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

7. Birth date of deceased Sept. (Month) 16 (Day) 1922 (Year)

8. AGE: Years 19 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Johnson City (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Matthew Jasper
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ninnie Cooper
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ninnie Cooper
(b) Address Peoria, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Peoria, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JAN 21 1942 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1942 hour 9 minute 15 a. M.

21. I hereby certify that I attended the deceased from Dec. 17, 1941, to Jan. 20, 1942
that I last saw him alive on Jan. 20, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis, acute miliary left upper lobe	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Bronchiectasis, bilateral	
Major findings: Of operations Bronchiectasis, bilateral	
Of autopsy Tuberculosis, acute miliary left upper lobe	

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 C. E. Fischer (M. D. ~~or other~~)
Address Barnes Hosp. Date signed 1/20/42

(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 G. W. Wilkinson

Licensed Embalmer No. 3575

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, fact should be so stated above.