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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14813

Registration District No. 491 Primary Registration District No. 5654 Registrar's No.

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

57
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1. PLACE OF DEATH:
(a) County LINCOLN
(b) City or town RURAL (BEDFORD TWP)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 MISSOURI (b) County ST LOUIS 96
(c) City or town ST JOHN STATION 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN T. JUSTEN.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced — 1
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased AUG (Month) 13 (Day) 1867 (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	8	24	hr. min.

9. Birthplace CHICAGO (City, town, or county) ILL. 1 (State or foreign country)
10. Usual occupation CANDY WORKER. (RET)
11. Industry or business CANDY MFG.
FATHER
12. Name THEODORE JUSTEN
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name MARY JELLAMANN
15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant Joe Clark.
(b) Address 1125 Roadmont St Louis.
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof May 10 1942 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Kemper Bun. Home.
(b) Address Troy Mo. 22 March
19. (a) May 10 42 (Date received local registrar) (b) Mrs Hay Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 May - 8 - 1942 (approx)
(c) Where did injury occur? Rural - New Troy Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? River side cabin (Specify type of place)
While at work? NO (e) Means of injury ?
23. Signature P. C. Kuepp (M. Drowned) Coroner
Address Elsberry Mo Date signed 5/9/42

1186

(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 Joseph J. Marsh.

Licensed Embalmer No. 3932

P. O. Address Troy, 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.