

FILED MAY 28 1942

Registration District No. 791

Primary Registration District No. ....

Registrar's No. 4280

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:  
1510 Lafayette Ave.  
(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)

3. (a) PRINT FULL NAME Edward F. Jeep

3. (b) If veteran, name war..... no 3. (c) Social Security No. .... no

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

6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive abt. 70 years

7. Birth date of deceased Unknown abt. 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
abt. 69 Unknown hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business.....

12. Name Charles E. Jeep

13. Birthplace Paris France 3  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Guilloz

15. Birthplace Loin De Ruhe France 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Emil J. Jeep  
(b) Address 3939 A Keokuk Str.

17. (a) Burial (b) Date thereof May 15, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Wm. L. Moydell  
(b) Address 1926 Allen Ave

19. (a) MAY 15 1942 (Date received local registrar) J. P. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00, 9  
(c) City or town St/Louis, 23 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1510 Lafayette Ave. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 46  
year 1942 hour 7 minute 00 P.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.

Immediate cause of death Cerebral apoplexy

Due to Heart

Due to 83 1/2

Other conditions..... (Include pregnancy within 2 months of death)

Major findings: Of operations..... Of autopsy.....

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 3

23. Signature Wm. L. Moydell (M. D. or other) 3  
Address 1926 Allen Ave Date signed 5/15/42

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

847  
00  
17  
9

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 Benji L. Duncan  
Licensed Embalmer No. 2222  
P. O. Address 1926 Allen

**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.**