

Registration District No. 3120

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Alexian Brothers' Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME John J. Jessen

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 married

6. (b) Name of husband or wife Susan Carroll 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased March 2nd 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>10</u>	<u>12</u>	<u>two-thirds</u> hr. min.

9. Birthplace (Town not known) GERMANY 4  
(City, town, or county) (State or foreign country)

10. Usual occupation machinist

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Peter Jessen  
13. Birthplace Unknown GERMANY 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Not known GERMANY 4  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward P. Jessen  
(b) Address 1200 Bledsoe Ave - Chicago

17. (a) General R.R. (b) Date thereof Jan 15, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Ma.

18. (a) Signature of funeral director J. F. Brudek  
(b) Address 2201 S. Grand

19. (a) JAN 15 1942 (b) J. F. Brudek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1725 Bell Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14  
year 1942 hour 4:25 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 13  
1942 to Jan 14, 1942;  
that I last saw him alive on Jan 13, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerosis  
General Sclerosis  
Myocardial Sclerosis  
Obstruction  
Other conditions (Include pregnancy within 3 months of death) 94

Due to \_\_\_\_\_ Duration 2 1/2  
Due to \_\_\_\_\_ Duration 3 day  
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?

23. Signature J. F. Brudek (M. D. or other) \_\_\_\_\_  
Address St. Joseph Mo. Date signed Jan 15 1942

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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

*Clay C. Stewart*

Licensed Embalmer No.

*3722*

P. O. Address

*42 Duchesne*

**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, above space should be left blank.**