

FILED MAY 22 1943
Registration District No. **317**

Primary Registration District No. **3068**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Maplewood**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL")

(d) Street No. **1108 Moorlands Drive**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Robert W. Jensen**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **single**

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

7. Birth date of deceased **June 20, 1930**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	12	10	27 hr. min.

9. Birthplace **Omaha, Neb.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At school**

11. Industry or business.....

12. Name **Arthur W. Jensen**

13. Birthplace **Omaha, Neb.**
(City, town, or county) (State or foreign country)

14. Maiden name **Edna M. Winter**

15. Birthplace **Omaha, Neb.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur W. Jensen**

(b) Address **1108 Moorlands Drive**

17. (a) **Removal** (b) Date thereof **5/19/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Omaha, Neb.**

18. (a) Signature of funeral director **Robert J. Ambruster**

(b) Address **Clayton Rd. at Concordia Lane**

19. (a) **5-19-43** (b) **C. H. McLaughlin, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17**
year **1943** hour **4:30** minute **09** 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 **By drowning in a creek at Manchester & Hanley Rds., Maplewood, Mo.**

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 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) **Accident 12th**

(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.....

23. Signature **Louis H. Boyer** (M.D. or other)
Address **Maplewood, Mo.** Date signed.....

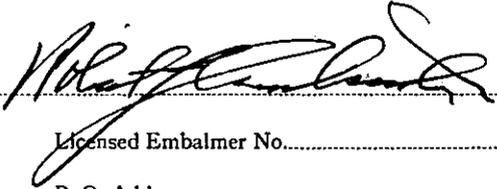
Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

JUN 9 1943

JUN 10 1943

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..... .....
Licensed Embalmer No.....
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.