

Registration District No. _____ Primary Registration District No. _____

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:
Pronounced dead at City 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 **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4044 Nebraska Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT **William Jansen, Sr.**
FULL NAME

3. (b) If veteran, name war _____
3. (c) Social Security No. **492-07-9511**

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

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

7. Birth date of deceased **September 10, 1889**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	10	26	hr. _____ min.

9. Birthplace **East St. Louis, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Adjuster**

11. Industry or business _____

12. Name **Henry Jansen**

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

14. Maiden name **Lillian Chasteen**

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

16. (a) Informant **Eleanor Jansen**
(b) Address **4044 Nebraska**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-9-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **John N. Gibson**
(b) Address **2630 Gravois Avenue**

19. (a) **AUG 7 1943** (Date received local registrar) **J. F. Bedeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **6**
year **1943** hour **3:** minute **P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **fracture of skull faceration of Brain when he caught his head in a punch press at the St. Louis Ordnance Plant 4300 Woodfellow Blvd. Due to about 2⁰⁰ Pm Aug 6, 1943**

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 cause fill in the following:

(a) Accident, suicide, or homicide (specify) **Accidents**

(b) Date of occurrence **8-6-43**

(c) Where did injury occur? **St. Louis** (City or town) _____ (County) _____ (State) **Mo**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In industrial (Specify type of place) _____ (e) Means of injury _____

23. Signature **Thomas F. Callahan** (M. D. or other) _____
Address **Deputy Coroner** Date signed **8-7-43**

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

AUG 13

04

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.....

Robert L. Gibben

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.