

S. No. 2
OM-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26778

State File No.

FILED AUG 18 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7296

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:
Firmin Desloge Hospital.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 4 days.
 (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis ^{9/6}
 (c) City or town..... Wellston ^{NR}
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6424 Wells Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Asmus P. Jensen.
 3. (b) If veteran, name war..... None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th.
 year 1943 hour 6 minute 20 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife..... Mary Jensen. 6. (c) 'Age of husband or wife if alive 60 years
 7. Birth date of deceased September 27, 1878.
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-5- 1943, to 8-11- 1943
 that I last saw him alive on 8/11/43, 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 10 14 hr. min.

Immediate cause of death..... Cardiac Failure Duration 1 day.

9. Birthplace..... Denmark [?]
 (City, town, or county) (State or foreign country)

Due to Hypertensive Cardio-vascular disease ?

10. Usual occupation..... retired chef (Blind)

Due to Suppurative Maxillary Parotitis 10 days.
Rt.

11. Industry or business.....

Other conditions..... Not diagnosed.
 (Include pregnancy within 3 months of death)

12. Name..... Dont know.

Major findings: none ^{9/2}
 Of operations.....

13. Birthplace..... Dont know. ⁹
 (City, town, or county) (State or foreign country)

Of autopsy..... none
 Underline the cause to which death should be charged statistically.

14. Maiden name..... Dont know. ⁹

15. Birthplace..... Dont know. ⁹
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Mary Jensen.

(b) Address..... 6424 Wells Ave.

17. (a) Burial (b) Date thereof..... 8-14-1943.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Memorial Park Cemetery.

18. (a) Signature of funeral director..... Geo. L. Pleitsch Inc.
 (b) Address..... 5966-68 Easton Ave.

19. (a) AUG 13 1943 (b) J. F. Beck
 (Date received local registrar) (Registrar's signature)

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..... (2)

23. Signature..... A. J. Korkis (M. D. or other)
 Address..... 462 N. Taylor Date signed 8-13-43

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

MOTHER, FATHER

Dr. A. J. Kotkis.
462 Taylor Ave.
Hours 12.30 to 3.30 P.M.

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.....

Ben Hoffman

Registered Apprentice No. *346*

working under my personal supervision.

Signed.....

Leonard W. Traeger

Licensed Embalmer No. *2678*

P. O. Address. *St. Louis 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.