

FILED AUG 30 1948

Registration District No. **818**

Primary Registration District No. _____

Registrar's No. **7583**

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:
4214 W Margaretta 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

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. **4214 W Margaretta Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Paul C. Jessen**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **489-22-2916**

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

6. (b) Name of husband or wife **Katherine Ostermeyer Jessen** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **March 19 1895**
(Month) (Day) (Year)

8. AGE: Years **48** Months **5** Days **3** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Watchman**

11. Industry or business **John Jessen**

MOTHER FATHER { 12. Name _____ 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Sophia Klatte** 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ed. Ostermeyer**
(b) Address **4931 Margaretta Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-25-48**
(Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Stroot-Carroll**
(b) Address **4600 Natural Bridge Ave.**

19. (a) **AUG 24 1948** (Date received local registrar) **J.F. Bradeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **22** year **1948** hour **10** minute **05** A. M.

21. I hereby certify that I attended the deceased from **June** _____, 1948, to **Aug 22**, 1948, that I last saw him alive on **Aug 15**, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer**
Primary: L. Testis
with metastasis

Due to _____
Due to _____
Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **51**
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 _____
23. Signature **Herbert W. Maden, M.D.** (M. D. or other) **M.D.**
Address **353 S. Garrison** Date signed **7/21/48**

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

Beane

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..... *Sheldon Collier*
Licensed Embalmer No..... *3382*
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.