

FILED NOV 10 1944 **318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether \_\_\_\_\_)

In this community unk  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1725

(d) Street No. 1616 Franklin  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Oscar Jansen

3. (b) If veteran, name war unk

3. (c) Social Security No. unk

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 December 16th ??  
(Month) (Day) (Year)

8. AGE: abt 67 Years Months Days If less than one day  
hr. min.

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

10. Usual occupation Shoemaker

11. Industry or business unk

MOTHER FATHER { 12. Name Ewald

{ 13. Birthplace Unk 9 (City, town, or county) (State or foreign country)

{ 14. Maiden name Emelie Nuhel

{ 15. Birthplace Unk 9 (City, town, or county) (State or foreign country)

16. (a) Informant M. Renard

(b) Address St. Louis City Hospital

17. Amelie Bow (a) Date thereof 10/12/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. R. Rutger

18. (a) Signature of funeral director W. R. Rutger

(b) Address 500 Rutger

19. (a) NOV 1 1944 (Date received local registrar) J. F. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6th  
year 1944 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from 10/1/44  
\_\_\_\_\_, 19\_\_\_\_, to Oct. 6th, 1944  
that I last saw him alive on Oct. 6th, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tbc

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury 0

23. Signature E. W. Rutger (M.D.) 10/17/44  
Address 1515 Lafayette Date signed \_\_\_\_\_

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

17  
9

**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.**