V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#31405

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 405

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 361

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(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 64 yrs. 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2627 a Tennessee 17
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME August Jansing

3. (b) If veteran, name war No

3. (c) Social Security No. 486-16-2073

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Dina Jansing

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January (Month) 15 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	11	25	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Metal Polisher

11. Industry or business Duro Mfg. Co.

FATHER
12. Name Henry Jansing
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Minnie Toenges
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Dina Jansing
(b) Address 2627 A Tennessee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/45 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.

19. (a) JAN 13 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th
year 1945 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from 1/5/45, 19, to 1/11/45, 19;
that I last saw him alive on 1/11/45, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Perforated appendix

Due to

Other conditions 12/1 Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Perforation of appendix c̄ abscess formation + peritonitis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature E. W. Czebrinski (M. D. ~~or other~~) 0
Address 1515 Lafayette Date signed 1/11/45

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.