S. No. 2
OM—5143
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3439

Primary Registration District No. 4467

Registrar's No. 2797

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Valley Park,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 35 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,

(c) City or town Valley Park,
(If outside city or town limits, write "RURAL")

(d) Street No. 618 Forest Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anthony Jessen,

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Delia Gresler Jessen,

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

7. Birth date of deceased Feb. (Month) 12, (Day) 1876 (Year)

8. AGE: Years 68 Months 11 Days If less than one day hr. min.

9. Birthplace Marys County, (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Section Foreman (retired)

11. Industry or business Frisco Railroad.

FATHER 12. Name Chriss Jessen,

13. Birthplace Denmark (City, town, or county) 4 (State or foreign country)

MOTHER 14. Maiden name Elizabeth Peterson,

15. Birthplace Denmark. (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. Della Jessen,

(b) Address 618 Forest, Valley Park, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 17, (Day) 1945 (Year)

(c) Place: burial or cremation Highgate, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) 1/15/45 (Date received local registrar) (b) E. G. McLaughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13, year 1945 hour 2:45 minute P M.

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

Immediate cause of death Gun-shot wound of the head.

Due to Gun-shot wound of the head.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Gun-shot wound of the head.

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) Accident.

(b) Date of occurrence January 13, 1945

(c) Where did injury occur? Valley Park, Mo. (City or town) (County) (State)

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

While at work? (e) Means of injury?

23. Signature Arnold J. Willmann Coroner

Address Clayton, Mo. 1-15-45 Date signed

(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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.