

**FILED** SEP 28 1945

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Enroute City Hospital, 3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
(Specify whether  
In this community **2 Years**  
years, months or days)

3. (a) PRINT FULL NAME **Marvin C Jants**

3. (b) If veteran, name war **No** 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 **Merle** 6. (c) Age of husband or wife if alive **20** years

7. Birth date of deceased **July 18 1921**  
(Month) (Day) (Year)

8. AGE: Years **24** Months **2** Days **0** If less than one day hr. min.

9. Birthplace **Nelson Minn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Mechanic**

11. Industry or business \_\_\_\_\_

12. Name **Gus Jants**

13. Birthplace **Topeka Kan.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Clara Olson**

15. Birthplace **Nelson Minn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Gus Jants**

(b) Address **4158 Mc Ree**

17. (a) **Burial** (b) Date thereof **9 / 21 / 45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **J. M. McLaughlin**

(b) Address **2301 Lafayette Ave.**

19. (a) **SEP 21 1945** (b) **J. J. [Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0-00**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4158 McRee**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **18**  
year **45** hour **10:45** minute **P.** M.

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

Immediate cause of death **Fracture of Skull; Subdural Hemorrhage of Brain; when the motorcycle which he was riding Due to collided with a streetcar being operated by one John Alvin Borders at Due to the Wallston Right-of-way and Easton Ave., around 10:45 P.M. Sept. 18, 1945.**

Other conditions **18, 1945.**  
(Include pregnancy within 3 months of death)

Major findings: **170 & 8**  
Of operations \_\_\_\_\_  
Of autopsy **24**  
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) **Criminal Careless-ness**

(b) Date of occurrence **Sept. 18, 1945**

(c) Where did injury occur? **St. Louis, Mo. 0-00**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**In Public Place**

(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M.D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **9/21/45**

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**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 *L.R. Cooper*.....

Licensed Embalmer No. *3633*.....

P. O. Address *2317 Lafayette*.....

**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.**