S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

58164

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25390

FILED JUL 18 1946

Registration District No. 3186

Primary Registration District No. 1003

Registrar's No. 6279

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 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1617
(If outside city or town limits, write "RURAL")

(d) Street No. 3912 Meramec 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EMMA JANSEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harry Jansen

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 6-14-~~1848~~ 1873 (Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 4 ~~5~~ If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Christofer Vollmer
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Harry Jansen
(b) Address 3912 Meramec

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Wingbermuehle Funeral Home
(b) Address 3818 S. Grand Blvd.

19. (a) JUL 19 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1946 hour 11:00 minute P M.

21. I hereby certify that I attended the deceased from May 24, 1946, to July 18, 1946
that I last saw her alive on July 18, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Arteriosclerosis	
Due to	
Due to	
Other conditions Chronic Pyelonephritis (Include pregnancy within 3 months of death) Non-calculous	

Major findings:
Of operations
Of autopsy Same

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 R. C. Stubblefield (M. D. or other)
Address 1515 Lafayette Avenue Date signed 7/19/46

(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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Massachusetts

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.