

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X36671

FILED NOV 25 1946
Registration District No. **318**

Primary Registration District No. _____

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

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin **36**

(c) City or town Rural **0**
(If outside city or town limits, write "RURAL")

(d) Street No. Washington R. # 2 **NR. 3**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME Maynard Victor Jasper

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

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 January 13 1937
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1946 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Shock after Western Brain Tumor during operation for Brain Tumor
at St. Louis Children's Hospital
Nov. 13, 1946 about 2:00 P.M.
Unqualified

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>9</u>	<u>10</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business _____

12. Name Alfred H. Jasper

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

14. Maiden name Leola S. Schriever

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

16. (a) Informant Victor V. Jasper

(b) Address Washington, Mo.

17. (a) Burial (b) Date thereof 11-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 14 1946 (b) J. F. Brant
(Date received local registrar) (Registrar's signature)

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 57 d

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dr. Alfred J. Perry (M. D. or other) **3**

Address Deputy Coroner Date signed 11-16-46

DEC 5 1946

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 Oliver R. Cadwell
Licensed Embalmer No. 4077
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.