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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2529**
Registrar's No. **339**

FILED JAN 27 1947
Registration District No. **18**

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 to City Hospital #1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
Life
In this community _____ (Specify whether)
Life
years, months or days)

3. (a) PRINT FULL NAME ALMA GIVENS
3. (b) If veteran, name war nil
3. (c) Social Security No. none

4. Sex F **5. Color or race** W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife John **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased January 19, 1892
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days ? If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Harry Jansen
13. Birthplace Quincy, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Anna Peste

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

16. (a) Informant Frank Jansen
(b) Address R. R. #2, Bx. 317, Creve Couer, Mo.

17. (a) Burial **(b) Date thereof** 1-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue, St. Louis

19. (a) JAN 12 1947 **(b)** J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1823 Benton Street (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 10th
year 1947 hour 12 minute 43 A.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 Depressed fracture skull & laceration of brain inflicted with a piece of wood
Duration _____
Diagnose the shards of debris given in the home 1823 Benton Street
Diagnose last time unknown and found dead around 12:43 P.M. Jan 10 1947
Other conditions _____
(Include pregnancy within months of death)

Major findings:
Of operations 168
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) Homicide
(b) Date of occurrence Jan 10, 1947
(c) Where did injury occur at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? _____ (e) labor
(Specify means of injury)
23. Signature Edward E. Hughes (M. D. or other)
Address Eq. 300

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 2301 Lafayette Ave

* **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.**