S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
Original Office of Vital Statistics

FILED AUG 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25686

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7335

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3023 Pennsylvania Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3023 Pennsylvania Ave 9
(If rural, give location)

16 0

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

If yes, name country

3. (a) PRINT FULL NAME Jacob F. Janssen

3. (b) If veteran, name war ******

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 Lydia Janssen

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July 13th. 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	0	20	hr. min.

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

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lydia Janssen
(b) Address 3023 Pennsylvania Ave

17. (a) Burial (b) Date thereof 8-6-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 6409 Gravois Ave

19. (a) AUG 6 1947 (b) J F Biedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day August
year 1947 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from March 5, 1947 to July 3, 1947
that I last saw him alive on July 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature T & B D Rew M. D. or other MD

Address 1446 S. Grand Date signed 8/4/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. De Pers
1446 S. Bernard
Br. 7362

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.