S. No. 2
M—1/47
5-17-39

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

#78779

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35896

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9842

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 57 Yrs. 9 Mons. 12 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2316a Sullivan Ave. 7
(If rural, give location)

Memorial 20

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

If yes, name country

3. (a) PRINT FULL NAME JOHN JANSEN

3. (b) If veteran, name war No # 1

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased 12 (Month) 9 (Day) 1889 (Year)

8. AGE: Years 57 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation City Employee

11. Industry or business

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

MOTHER
14. Maiden name Helena Leith
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant John Jansen
(b) Address 2316a Sullivan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave.

19. (a) OCT 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22nd
year 1947 hour 12;25 minute A M.

21. I hereby certify that I attended the deceased from 10/20/47
19 , to Oct. 22nd 1947;
that I last saw him alive on Oct. 22nd 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bleeding Duodenal Ulcer	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy same	

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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature A R Dalton (M. D. or other) MD

Address 1515 Lafayette Date signed 10/22/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 8 1948

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.