No. 2
-1/47
-17-39

#80468

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2667

FILED JAN 30 1948

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 587

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

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 Memorial
(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 Mo. (b) County 000

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

(d) Street No. 5088 Kensington Ave.
(If rural, give location)

(e) Citizen of foreign country? 12 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME AUGUST JANSEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

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

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

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

7. Birth date of deceased Feb. (Month) 23, (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	10	24	hr. min.

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

10. Usual occupation Manager of Apartment

11. Industry or business

FATHER
12. Name Willian Jansen
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Dora Stratmann
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Anna Jansen
(b) Address 5088 Kensington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) JAN 20 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th year 1948 hour 11 minute 00 P M.

21. I hereby certify that I attended the deceased from 12/15/47, 19, to January 17th, 1948 that I last saw him alive on January 17th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary emphysema

Due to chronic bronchiectasis

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. F. Agar (M. D. or other)

Address 1515 Lafayette 1/19/48 Date signed

Jefferson City Printing Co.

(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.....

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

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.