

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 34

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3424 HUMPHREY 1
(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

3. (a) PRINT FULL NAME WALTER L. JANSEN

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 WIDOWED

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

7. Birth date of deceased OCTOBER 21, 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Day 11 If less than one day hr. min.

9. Birthplace HOLLAND 4
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED BEER BOTTLER

11. Industry or business _____

12. Name UNKNOWN 1 11

13. Birthplace HOLLAND 4
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace HOLLAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant WALTER A. JANSEN

(b) Address 3424 HUMPHREY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 5, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION Cem.

18. (a) Signature of funeral director Mrs. Ruth I. Low

(b) Address 2906 GRAYOIS

19. (a) JAN 3 1948 (Date received local registrar) J. F. Braden (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOON
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3424 HUMPHREY 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 2 year 1948 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from Dec. 20 1948 to Jan. 2 1948 that I last saw him alive on Jan 2 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis Hypertension

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 R. Berg (M. D. or other) Date signed 2/1/48
Address 2253 Nebraska

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

p. 2
-45
7-39
X47070

1943

Mr. [unclear]

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, Leo J. Budd
Licensed Embalmer No. 3989
P. O. Address St. Louis, Mo

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.