

FILED SEP 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27856**

7433

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County.....
(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: St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution..... 2 Days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT
FULL NAME

BERNARD 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 Mathilda 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 14 1877
(Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| / | 71 | 3 | 9 | hr min |

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Butcher

11. Industry or business

12. Name. Herman H. Jansen 4
13. Birthplace. Germany
(City, town, or county) (State or foreign country)
14. Maiden name. Mary Schumacher 11
15. Birthplace. St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Mathilda Janssen
2831a Magnolia Ave

17. (a) Burial (b) Date thereof 8/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation St. John Sem. Carroll to

18. (a) Signature of funeral director, John H. Gebken, Son
(b) Address 2630 Gravois Ave.

19. (a) AUG 25 1948 J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED

- (a) State Missouri (b) County St. Louis
(c) City or town 2831a Magnolia
(If outside city or town limits, write "RURAL")
(d) Street No. Memorial 23-
(If rural, give location) No
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd
year 1948 hour 1 minute 45 PM
21. I hereby certify that I attended the deceased from 8/21/48
August 23, 1948, to August 23, 1948,
that I last saw him alive on August 23, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions

Major findings:

Of operations

Of autonomy

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?
 18. _____ (Specify type of place)
 While at work? (g) Means of injury

23. Signature L. H. Hadden (MJD/25/11/83)
Address 1515 Lafayette Date signed 11/1/83

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~XXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~

Signed.....

Robert F. Gebken

Licensed Embalmer No. **4144**

P. O. Address. **2630 Gravois 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.