

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42817

FILED JAN 24 1949

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 3019

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterand Administration Hospital
(If not in hospital or institution, write street number or location)
6 months
(d) Length of stay: In hospital or institution 6 months (Specify whether
In this community 57 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 111 No. 16th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JANTZEN, Aloys N.

3. (b) If veteran,

name war World I

3. (c) Social Security No.

None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: June 23 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 6 4 hr. min.

9. Birthplace: Webster Groves, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business _____

12. Name Jacob Jantzen

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

14. Maiden name Hermia Krockenberger

15. Birthplace Herman Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VA Hospital

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof Dec. 31, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nat'l. Cem. Jeff. Bks. Mo.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Bdw. St. Louis, Mo.

19. (a) 2-31-48 (b) Richard L. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1948 hour 2:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from
June 1, 1948 to December 27, 1948;
that I last saw him alive on December 27, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC DECOMPENSATION Duration
Unk

Contributory cause:
Ess. Hypertensive Cardiovascular Disease, Nephrosclerosis, Gastric
Ess. Ulcer

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Autopsy performed
(See cause of death)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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? L.E. Stilwell
(Specify type of place) (Means of injury)

23. Signature D.E. Stilwell (M.D. or V.M.D.)
Chief, Professional Services
Address VA Hosp. Jeff. Bks. Mo. Date signed 12/28/48

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

MOTHER FATHER

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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*
P. O. Address *7574 S. Broadway*

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.