

FILED AUG 23 1950

STANDARD CERTIFICATE OF DEATH

27607

State File No.

BIRTH NO. REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5808 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY MONTGOMERY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS		
b. CITY (If outside corporate limits, write RURAL and give town) RURAL BEAUMONT		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) 42.70		d. STREET ADDRESS (If rural, give location) 2328 NORTH + SOUTH RD.
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		

3. NAME OF DECEASED a. (First) ROMAN T.		b. (Middle) T.	c. (Last) JANSEN	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 12, 1950		
---	--	-----------------------	-------------------------	--	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 15, 1906	9. AGE (In years last birthday) 43	10. MONTHS 9	11. DAYS 27	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--------------------	-------------------------------	---	---------------------------------------	---	---------------------	--------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSPECTOR.		10b. KIND OF BUSINESS OR INDUSTRY ELECTRIC	11. BIRTHPLACE (State or foreign country) BOWLING GREEN MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	--	--	--

13a. FATHER'S NAME JOHN BARNEY JANSEN		13b. MOTHER'S MAIDEN NAME MARY GROTE	14. NAME OF HUSBAND OR WIFE VIRGINIA E. JANSEN		
--	--	---	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME TOM ALDERSON - 9133 E. MILTON		ADDRESS OVERLAND MO.
---	-------------------------	--	--	-----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Frontal Bone of Skull - Traumatic Injuries			INTERVAL BETWEEN ONSET AND DEATH 6 1/2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Reared in auto wreck	26
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 070 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Someplace	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Montgomery Mo
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 12 1950 12:00	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? OM VEH.
--	---	---

22. I hereby certify that I attended the deceased from **1950**, to **1950**, that I last saw the deceased alive on **10/10/50**, and that death occurred at **10/10/50**, from the causes and on the date stated above.

23a. SIGNATURE Clement W. Leavelle	(Degree or title) Coroner	23b. ADDRESS Montgomery City Mo	23c. DATE SIGNED 12 Aug 50
---	----------------------------------	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Aug 16 - 50	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) ST LOUIS CO. MO
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. Aug 14 - 50	REGISTRAR'S SIGNATURE Mrs May Miller	25. FUNERAL DIRECTOR'S SIGNATURE Carl A. Harding	ADDRESS Joussigny Mo
---	---	---	-----------------------------

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

1700
3/✓

APR 5 1951

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 22 1950

RECEIVED

AUG 24 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed John A. Mendai

Signed.....
Student Embalmer

Licensed Embalmer No. 4186

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.