

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27608

BIRTH NO. _____		REG. DIST. NO. 228		PRIMARY REG. DIST. NO. 5808		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Beavert</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN</u>		4270	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>2328 North + South Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGINIA</u> b. (Middle) <u>ESTHER</u> c. (Last) <u>JANSEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 12 1950</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED, 1</u>	8. DATE OF BIRTH <u>1903</u> <u>Nov. 6, 1903</u>		9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>46</u> <u>9</u> <u>6</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HERMAN BURMEISTER</u>		13b. MOTHER'S MAIDEN NAME <u>HELEN LACY</u>		14. NAME OF HUSBAND OR WIFE <u>ROMAN T. JANSEN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURE OCCIPITAL BONE</u> ANTECEDENT CAUSES <u>of skull - (Compound) left side</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>traumatic injury received</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>in AUTO WRECK</u>					INTERVAL BETWEEN ONSET AND DEATH <u>68166</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Jonesburg</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Montgomery MO</u>		070	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 12 1950 10:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>DDM V.R.</u>			
22. I hereby certify that I observed the deceased from <u>12 Aug</u> , 19 <u>50</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clement H. Sumner, D.D.S. Coroner</u>				23b. ADDRESS <u>Montgomery City, Mo</u>		23c. DATE SIGNED <u>12 Aug 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 16 - 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 14 - 50</u>		REGISTRAR'S SIGNATURE <u>Mrs. May Miller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl A. Hedberg</u>		ADDRESS <u>Jonesburg Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 22 1950

RECEIVED

JUN 18 1957

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.....
Student Embalmer

Signed

John A. Mlesnar

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.