

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 39451
Registrar's No. 2540

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 2540	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY XX XXXXX			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Clayton)		c. LENGTH OF STAY (In this place) DOA		c. CITY OR TOWN Tampico		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				e. STREET ADDRESS (If rural, give location) 8120 8			
3. NAME OF DECEASED (Type or Print) a. (First) GENE		b. (Middle) R.		c. (Last) JENSEN		4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Feb. 28, 1932	
9. AGE (In years last birthday) 22		10. UNDER 1 YEAR Months 8 Days 3		11. BIRTHPLACE (City and State or Foreign Country) Tampico, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Self		13a. FATHER'S NAME August Jensen		13b. MOTHER'S MAIDEN NAME Amelda Johnson	
13c. NAME OF HUSBAND OR WIFE Single		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME St. Louis Mo. Military District records	
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) Multiple internal injuries suffered when the automobile he was operating west on Hwy 66, collided head on about 1/2 mi. east of the Imperial Filling Station at Allenton, with an eastbound automobile being operated by Golden Akers, Pacific, Mo.				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				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? 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, factory, street, office bldg., etc.) highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Allenton 400 St. Louis Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11/1/54 6:09 AM	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Head-on collision				22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE Arnold J. Willmann		(Degree or title) Coroner		23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 11/3/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/2/54		24c. NAME OF CEMETERY OR CREMATORY Tampico, Ill.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 11/2/54		REGISTRAR'S SIGNATURE Rebecca Tomke		25. FUNERAL DIRECTOR'S SIGNATURE H. Bopp		ADDRESS Mc. Kirkwood Mo.	

WRITE PLAINLY—USING 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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bill C. Branson*

Licensed Embalmer No. *476*

P. O. Address *St. Louis*

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.