

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023034

STATE FILE NUMBER

FILED JUL 1 1959

Registration District No.

Primary Registration District No.

Registrar No. 5771

S. 300
v. 1-57
19
2423
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Mo.</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo.</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. BAPTIST Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>1810 ARSENAL</i>	

3. NAME OF DECEASED (Type or print) First <i>HERMAN</i> Middle <i>H.</i> Last <i>JANSEN SR.</i>			4. DATE OF DEATH Month <i>JUNE</i> Day <i>15</i> Year <i>1959</i>		
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5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>SEPT 4 1873</i>	9. AGE (In years last birthday) <i>85</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED SHEET METAL WORKER</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>UNKNOWN ?</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>UNKNOWN</i>	13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>	14. NAME OF HUSBAND OR WIFE <i>EMILY JANSEN (DEC'D)</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. <i>491-14-5499</i>	17. INFORMANT <i>HERMAN J. JANSEN</i>	Address <i>1810 ARSENAL</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute and chronic myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>infarction</i>	<i>6 months</i>
	DUE TO (c) <i>coronary sclerosis and occlusion</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>generalized arterosclerosis</i>		19. WAS AUTOPSY PERFORMED? <i>2</i> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>420-1</i>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>ST. LOUIS</i>	COUNTY <i>Mo.</i>	STATE
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21. I attended the deceased from <i>May 1951</i> to <i>June 15th 1959</i> and last saw her alive on <i>June 15th 1959</i> Death occurred at <i>5:20 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Domini J. Verda</i>	(Degree or title) <i>M.D.</i>	22b. ADDRESS <i>45000 hie.</i>	22c. DATE SIGNED <i>6-17-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>JUNE 18 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>NEW ST. MARCUS</i>	23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Mo.</i>
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24. FUNERAL DIRECTOR <i>Thomas Kute 2906 Gracia</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>JUN 17 '59</i>	26. REGISTRAR'S SIGNATURE <i>Roal Smith, M.D.</i>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

m & B

401-8400

Am

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 James C. Hill

Licensed Embalmer No. 4347
P. O. Address 2906 Davis

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.