

## OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039547

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3050

AMENDED

FILED NOV 8 1961

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Vinita Park</u>  |   | c. CITY OR TOWN <u>Vinita Park</u>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>8335 Washington</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>8335 Washington</u>   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Mamie J. JANTZEN</u>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>Oct. 28, 1961</u>  |
| 5. SEX<br><u>FEMALE</u>  | 6. ETHNIC RACE<br><u>WHITE</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Nov. 20, 1888</u>  |
| 9. AGE (last birthday)<br><u>72</u>  |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>at home</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>housewife</u>   | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis Missouri</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |   | 13a. FATHER'S NAME<br><u>John L. Ritchey</u>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Sarah Alice</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Martin H. Jantzen</u>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no none</u>  |   | 16. SOCIAL SECURITY NO.<br><u>none</u>  | 17. INFORMANT<br>Address<br><u>Mr. Martin H. Jantzen 8335 Washington</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 mo.</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>C-V. accident left</u>   |   |   | <u>2 wks</u>  |
| DUE TO (c)   |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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.)  |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  |   | 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  | COUNTY STATE  |
| 21. I attended the deceased from <u>1-6-57</u> to <u>10-28-</u> and last saw her/him alive on <u>10-26-61</u><br>Death occurred at <u>7:00 Am</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE<br><u>H. Mollen</u> (Degree or title)   |   | 22b. ADDRESS<br><u>2438 Woodson Rd. Oakland Mo</u>  | 22c. DATE SIGNED<br><u>10/28/61</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Oct. 31, 1961</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cemetery</u>   | 23d. LOCATION (City, town, or county)<br><u>St. Louis County Missouri</u> (State)   |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><u>C.R. Lupton and Sons 7233 Delmar Blv'd.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>10-30-61</u>   | 26. REGISTRAR'S SIGNATURE<br><u>John B. Murphy M.D.</u>   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*Eastern  
County, Mo.*

**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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.