

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

APR 25 1934

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis Mo. (No. ....)

Registration District No. 791  
Primary Registration District No. 1003

File No. 11004  
Registered No. 2863  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 5434 Clayton Ward. 7  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Esther Barron Jansen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/16/1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>45</u>	<u>2</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chev? Motor Co.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 33 year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

13. NAME William Jensen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

15. MAIDEN NAME Jennie Sluyter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

17. INFORMANT (ADDRESS) Jennie Jensen 5434 Clayton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 3/22/34 19.

19. UNDERTAKER (ADDRESS) Alexander Howe 6175 Delmar Blvd.

20. FILED APR 22 1934 J. F. Predeck Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1934, to 3-19, 1934. I last saw him alive on 3-19, 1934. Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

Brain tumor, benign Date of onset 1933  
540  
87B  
107A  
540  
Other contributory causes of importance:  
Pneumonia, bronchial 3-18-34

Name of operation Cerebral Craniotomy Date of 3-16-34  
What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) Louis Bryan, M. D.  
(Address) Burnes Hosp.