

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9506

 State File No. _____
 Registrar's No. 25

0780

FILED APR 10 1951

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 0912

1. PLACE OF DEATH a. COUNTY <u>St. Louis</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>Steele</u> <u>Mo</u>		c. LENGTH OF STAY (In this place) <u>53 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u> <u>Mo</u>		OR TOWN <u>0780</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Virginia Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>Route</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leopold</u>		b. (Middle) <u>O</u>	c. (Last) <u>Jansil</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-9-51</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>4-26-1876</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Finley Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Alexander J Jansil</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah A. Spence</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Marabel Rhoades Steele Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GASTRIC CARCINOMA</u>	ANTECEDENT CAUSES				<u>6 Mo</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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. <u>VITAMIN B DEFICIENCY & ANEMIA</u>					<u>1 1/2 YR</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>151X D</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>50</u> , to <u>Mar</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8 Mar 1951</u> , and that death occurred at <u>1:20 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. L. Taylor, D.M.D.</u>			23b. ADDRESS <u>Steele, Mo</u>		23c. DATE SIGNED <u>9 Mar 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-11-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dyersburg Tenn</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>4-3-51</u>	REGISTRAR'S SIGNATURE <u>S. J. Deussen</u>	249	25. FUNERAL DIRECTOR'S SIGNATURE <u>Deussen Undert Co Steele Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

4-51-95

APR -7 1951

S. B. Beecher, M. D.,
Pemissot County Health Department,
Caruthersville, Missouri

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.....

John H. German

Signed.....

Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.