

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042703
STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2790

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1958) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 4000 Creve Coeur 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) Ross Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Gustav Daniel Janssen			4. DATE OF DEATH Month Day Year Oct. 29, 1958		
--	--	--	--	--	--

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 29, 1899	9. AGE (In years from birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
-------------------------	----------------------------------	---	--	--	---	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance man	10b. KIND OF BUSINESS OR INDUSTRY St. L. Co. Water Co.	11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	---

13a. FATHER'S NAME Louis Janssen	13b. MOTHER'S MAIDEN NAME Magdalena Heusner	14. NAME OF HUSBAND OR WIFE Florence D. Janssen
--	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 192-09-6789	17. INFORMANT Address Florence D. Janssen, Ross Ave.
--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Metastatic Melanoma of Liver DUE TO (b) Adeno carcinoma of Rectum DUE TO (c) 154X		INTERVAL BETWEEN ONSET AND DEATH 1 year 4 years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 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.)
---	--

20c. TIME OF INJURY Hour a.m. p.m. 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 October 1957 , to October 1958 and last saw him alive on Oct 29, 1958 . Death occurred at 10:40 p m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22. SIGNATURE (Degree or title) Marion G. Austin M.D.	22b. ADDRESS 634 N Grand Blvd	22c. DATE SIGNED 10/31/58
---	---	-------------------------------------

23a. BURIAL-CREATION, REMOVAL (Specify) Burial	23b. DATE 11-1-1958	23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	23d. LOCATION (City, town, or county) (State) Normandy, Missouri
--	-------------------------------	--	--

24. FUNERAL DIRECTOR Baumann Bros. Inc. Overland, Mo.	25. DATE RECD. BY LOCAL REG. 10-31-58	26. REGISTRAR'S SIGNATURE Herbert R. Dornick M.D.
---	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *David C. Gibson*

Licensed Embalmer No. *3454*

P. O. Address *Cleveland*

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.