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

Do not use this space.

18735

File No.

Registered No. 5129

1. PLACE OF DEATH

County

Township

City St Louis (No. Mo Baptist Sanitarium St. Ward)

Registration District No. 7911

Primary Registration District No. 1003

2. FULL NAME Jacob Madsen

(a) Residence. No. 3716 St Louis Av. St., 11 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abbie Madsen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	-	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Grocery Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Roellgy Grocer Co.

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) St Louis

PARENTS

10. NAME OF FATHER Jens Madsen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Denmark

12. MAIDEN NAME OF MOTHER Louise Oellermann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Abbie Madsen
(Address) 3716 St Louis Av.

15. FILED MAY 10 1928 Klaus C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-12- 1928 to 5-7- 1928 that I last saw h alive on 5-6- 1928, and that death occurred, on the date stated above, at 12:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Hemorrhagic Nephritis
11B following Influenza from
130 history
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

1290

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

(Signed) Ed. Faisacke, M. D.

5/9, 1928 (Address) 4885 Natural Bridge

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Bethlehem — DATE OF BURIAL May 10 1928

20. UNDERTAKER Theo N. Bindernickel — ADDRESS 1936 St Louis Av.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.