

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

Do not use this space.

34742

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township Central Primary Registration District No. 6248H
 City Richmond Heights St. Mary's Hospital File No. _____
 Registered No. 738 St. _____ Ward _____

2. FULL NAME

(a) Residence No. 69 Fair Oaks St. St. Louis, Mo. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harriet Jensen</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 24 - 1874</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>2</u>	DAY <u>17</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Cash Business</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Drapery + Kuhn</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

PARENTS	10. NAME OF FATHER <u>Henry Jensen</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	12. MAIDEN NAME OF MOTHER <u>Janet North</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>

14. INFORMANT (Address) Harriet Jensen 69 Fair Oaks

15. FILED 10/13, 1928 B. L. Jensen REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1925 to Oct. 12 1928.
 that I last saw him... alive on 10-11 1928, and that death occurred, on the date stated above, at 5:22 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
131 (duration) 2 yrs. mos. da.
936
 CONTRIBUTORY Chronic interstitial Nephritis
 (SECONDARY) (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH At 129 W
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS Physical findings etc.
 (Signed) Don B. Gail, M. D.
13 - 12, 1928 (Address) 1755 So. Grand

*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 Douville Illinois DATE OF BURIAL Oct 14 1928

20. UNDERTAKER Wagoner Und. Co. ADDRESS 3621 Olive

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.

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

