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.

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

Do not use this space.

29703

File No. 889

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis (No. St Mary's Infirmary St. ..... Ward)

2. FULL NAME Jessis J Hjort

(a) Residence. No. 6916 Waldemar St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Mrs J J Hjort

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-27-1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	4	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Section Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Terminal R.R.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Redbud
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Hans Hjort

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

12. MAIDEN NAME OF MOTHER Elizabeth Peterson

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

14. INFORMANT Leoli Hjort
(Address) 6916 Waldemar

15. FILED ....., 19 ..... Max C Starling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-31-1929 19

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1928, to Aug 31, 1929, that I last saw him alive on Aug 30, 1929, and that death occurred, on the date stated above, at 1:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Metastatic Carcinoma of Lungs and Liver—

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Primary Carcinoma of Mouth (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan. 1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical sems - Micro scopic exam. of tissue

(Signed) S. F. Pandora, M. D.

Sept 2 1929 (Address) 3115 S. 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	DATE OF BURIAL
Memorial Park	9/2 1929
20. UNDERTAKER	**ADDRESS**
Arvin McLaughlin	1631 Mo.