MAR 28 1930

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

Do not use this space.

1. PLACE OF DEATH
County St Louis
Township Carondelet
City Jefferson Barracks, (No. Jeff. Bks. St. Ward)

Registration District No. 1123
Primary Registration District No. 6448 B.

File No. 6304
Registered No. 23

2. FULL NAME OTTO CARLSON Jr.
(a) Residence. No. Jefferson Barracks, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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	Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1,1913

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
16	7	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Invalid since childhood
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Otto Carlson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sweden
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ida Long
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Missouri

14. INFORMANT Step Father: St Sgt. Walter R
(Address) Johnson, Hq. Co. 6th Inf.

15. FILED Feb 4, 1930 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 3/ 1930

17. I HEREBY CERTIFY, That I attended deceased from 2/2/30, 19, to 2/3/30, 19, that I last saw him alive on Feb. 2/30, 19, and that death occurred, on the date stated above, at 12.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac dilation, acute
91A
95B
Imbecility (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Poliomyelitis, anterior, chronic.
(duration) 13 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Douglas, Ariz.
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) H.S. Cole, M. D.
H.S. Cole, Major, MC US Army
Feb 3, 1930 (Address)

*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 Nationcil Cemetery
DATE OF BURIAL 2/5/ 1930

20. UNDERTAKER C Hoffmeister U&L Co
ADDRESS 7814 S. Broadway

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.