

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

Do not use this space.

25096

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo (No. 1125-5) Dalmo

File No.....
Registered No. 7295
St. Ward)

2. FULL NAME

Johannah Lennertson
(a) Residence. No. 1125-5 Dalmo St. 22 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14-1836

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>94</u>	<u>1</u>	<u>6</u>		

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

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

10. NAME OF FATHER Peter Nelson

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) G. L. Lennertson 1125-5 Dalmo

15. FILED 22 1930 Max C. Stanley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1930

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1930, to July 16, 1930, that I last saw her alive on July 16, 1930, and that death occurred, on the date stated above, at 3:48 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
16 1/2
1930 (duration) yrs. mos. ds. 2
CONTRIBUTORY (Heat) - Insulation (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 194
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF No
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Arthur G. F. Brown, M. D.
7-20, 1930 (Address) 1746 Chestnut Ave

*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
New Yorkus Cemetery 7-22, 1930

20. UNDERTAKER ADDRESS
M. Laughlin 1631 No. Ave

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.

