

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

Do not use this space.  
**28304**

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**

Township \_\_\_\_\_ Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital**)

**FULL NAME** **Albortine Olson**

(a) Residence No. **1101 B 37** St. **18** Ward.

Length of residence in city or town where death occurred **53** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. \_\_\_\_\_  
Registered No. **8156**  
St. \_\_\_\_\_ Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **april 8 - 1877**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<b>53</b>	<b>4</b>	<b>6</b>	

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

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

10. NAME OF FATHER **August Stone**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Sweden**  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER **Christine Johnson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Sweden**  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT **Edna**  
(Address) **City Hospital**

15. **Aug 15 1930**  
FILED \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 14 30**

17. I HEREBY CERTIFY, That I attended deceased from **Aug 5**, 19**30**, to **Aug 14**, 19**30** that I last saw him alive on **Aug 14**, 19**30** and that death occurred, on the date stated above, at **10:45 AM**.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Cirrhosis of Liver (Alcoholic)**

**125A** (duration) yrs. mos. ds.  
**1113**

CONTRIBUTORY **Hypostatic Pneumonia**  
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **St. Louis**  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? **No** DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical**  
(Signed) **Raymond Jacobs**, M. D.  
**9/15**, 19**30** (Address) **City Hospital**

\*State the DISEASE CAUSING DEATH, or if 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 **Aug 18 30**

20. UNBERTAKER **Olson & Co** ADDRESS **2707 N Grand**

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.

Alson