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

Do not use this space.

14631

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1723

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

File No. .....

Registered No. 4020

2. FULL NAME James Hafsten

(a) Residence, No. 1636 Lo. Sherer Ward. 17
(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: male

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1838

7. AGE: Years 93 | Months 10 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Labor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Cork Ireland

FATHER

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

17. INFORMANT Hospital Information
(ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Delta Lodge DATE 4/25, 1932

19. UNDERTAKER J. Rigoleum & Son
(ADDRESS) 7012 Gravois

20. FILED APR 25 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1932, to April 24, 1932

I last saw him alive on April 24, 1932. Death is said to have occurred on the date stated above, at 7.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile changes	
chr. myocarditis	
6 yr	
4 yr	

Other contributory causes of importance:

chr. arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) City Hospital

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.