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

Do not use this space.

21503

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1603

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

File No. .....

Registered No. 6070

2. FULL NAME Hugo W. E. Jongquist

(a) Residence, No. 3877a McDonald St., 16 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: Male

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: Irma Jongquist

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 15 1893

7. AGE: YEARS 39 | MONTHS 5 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 312

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): Langford. S. Dakota 2

FATHER

13. NAME: Unknown Jongquist

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden 4

MOTHER

15. MAIDEN NAME: Eva Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 21

17. INFORMANT (ADDRESS): Mrs. Irma Jongquist 3877a McDonald Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE N. Y. Marcus DATE 6-30 1932

19. UNDERTAKER (ADDRESS): Witt Bros. L. & H. Co. 2924 S. Jefferson Av

20. FILED JUN 29 1932 19 Max [illegible] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9th, 1932, to June 27th, 1932

I last saw him alive on June 27th, 19..... Death is said to have occurred on the date stated above, at 6 45 p. m.

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

	Date of onset
Cardiac Decompensation	6/5/32
92A	
45B	
92A	

Other contributory causes of importance:

Mitral Stenosis	?

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Arthur Gundlach M. D.

(Address) 2202 University St

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2