

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.

OCT 20 1933

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

Do not use this space.

30112

1. PLACE OF DEATH

54 County St. Louis
Township St. Louis
City Napoleon (No. 1)

Registration District No. 466
Primary Registration District No. 3622A

File No. _____
Registered No. 153
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25 - 1886</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>3</u>	DAYS <u>13</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) St. Louis, Missouri13. NAME Gustave Ahlberg14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden17. INFORMANT Mrs. Axel Ahlberg (ADDRESS) _____18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. Sept 10, 193319. UNDERTAKER August Hegert (ADDRESS) _____20. FILED Sept 9, 1933 J. F. M. Registrar

(3) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____ Death is said

to have occurred on the date stated above, at 1:15 m.

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

Degenerative
myocarditis
1100
23A

Date of onset _____

Other contributory causes of importance
Collapsed Left Lung
since childhood
T. B.?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy yes

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

Accident, suicide, or homicide? No 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? No

If so, specify _____

(Signed) E. J. Huston M.D.(Address) California, Cronis

