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.

JAN 4 1934

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

Do not use this space.

37629

1. PLACE OF DEATH
County St. Charles — Registration District No. 757 — File No.
Township St. Charles — Primary Registration District No. 3036 — Registered No. 196
City St. Charles (No. 710 Clark St. St. 2 Ward)

92 4 8

2. FULL NAME Mrs. Mathilda Bertha Udstad.
(a) Residence, No. 710 Clark St. St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 41 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sigdald Udstad.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1859.
7. AGE YEARS 73 MONTHS 11 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Nov 10, 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manitowoc, Wisconsin

FATHER
13. NAME Abraham Hoen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway,

MOTHER
15. MAIDEN NAME Kjerstine Matson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

17. INFORMANT (ADDRESS) Miss Elvera Udstad 710 Clark St. St. Charles, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE Nov. 14, 1933
19. UNDERTAKER (ADDRESS) Steinbrinker's St. Charles, Mo.
20. FILED 11/14 1933 Clarence G. Wessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11th, 1933
22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Held inquest Nov 11 1933, 19..
~~I last saw her alive on~~ ..... 19.. Death is said to have occurred on the date stated above, at 3:30 A.m. to 4 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fat Embolism of brain	Nov 11 1933
Other contributory causes of importance: (Fracture of hip)	103
Accidental Vesicatism due to fall on floor in her home	Nov 10 1933

186a

Name of operation None Date of —
What test confirmed diagnosis? Phys History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 10 1933
Where did injury occur? St Charles St Charles Co Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury Fall on floor
Nature of injury Fracture of hip
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) Will L Freeman, M.D.
(Address) St Charles Mo
Coroner of St Charles Co Mo