

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

B-27-1934

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. City Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No. 3019
Registered No. 670
St. Ward)

2. FULL NAME

(a) Residence, No. 2421 Levee St., 23 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Aug 20 1851

7. AGE YEARS 82 MONTHS 4 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
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 Mo

MOTHER FATHER 13. NAME John Jensen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Ly Pusley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Harold M. Deal (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olavs DATE Aug 20 1934

19. UNDERTAKER John P. Collins & Bros (ADDRESS) St. Louis

20. FILED J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1934

22. I HEREBY CERTIFY That I attended deceased from 12/14 1933 to 1/17 1934
I last saw her alive on 1/17 1934 Death is said to have occurred on the date stated above, at 2:20 m.

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

Chronic Interstitial Nephritis 131
Arteriosclerosis 101
Pneumonia 91
Other contributory causes of importance:
Senility 131

Name of operation Date of
What test confirmed diagnosis? Path Was there an autopsy? Yes

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? No
If so, specify
(Signed) J. Brebeck M. D.
(Address) City Hospital

