

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.

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

Do not use this space.

MAR 24 1934

PLACE OF DEATH

County

Township

City **St. Louis**

Registration District No. **791**
1003

Primary Registration District No.

(No. **City Hospital**)

File No.

Registered No. **6453**
1290

St. Ward)

2. FULL NAME **OLAF STEEN**

(a) Residence, No. **6117 McPherson** St., **5** 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) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 7-1909**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 6 26

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Washington University**

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) **Ortonville Minn.**

13. NAME **Olaf I Steen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Norway**

15. MAIDEN NAME **Ella Jensen**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Norway**

17. INFORMANT **Ethel Steen**
(ADDRESS) **4041 Plaza Place**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Ortonville Minn** DATE **Feb. 6 1934**

19. UNDERTAKER **G. W. McLaughlin**
(ADDRESS) **1631 McPherson Ave**

20. FILED **FFD - 5 1004**
19 **34** **J. B. Bredeck**
Registrar.

No MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 3 1934**

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

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **2:30 a.m.**

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

*Traumatic Wounds of Chest Wall
Hemorrhage - Pleural Cavities
Rupture Right Lung - Fracture of
Ribs and Thorax - Received while
in a crowded street (passenger)
Other contributory causes of importance:*

Auto Accident

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? **Accident** Date of injury **Feb 3 1934**
Where did injury occur? **St. Louis, Mo.**

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Public Place - Auto Accident**
Nature of injury **Traumatic Wounds of Chest Wall etc**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **Harold B. Plumb**
(Address) **Dep. Registrar**

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