

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

Do not use this space.

26323

1. PLACE OF DEATH

County St. Louis Registration District No. _____
 Township St. Johns Station Primary Registration District No. 6033
 City St. Louis (No. 3613 Calvert Ave.)

File No. _____
 Registered No. 216
 St. _____ Ward _____

2. FULL NAME ALVIN C. GUSTAFSON

(a) Residence, No. 3613 CALVERT, AVE. 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 Husband

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20 1894

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
39	11	—	

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

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

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.

13. NAME Carl Gustafson

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

15. MAIDEN NAME Hattie Shock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Mrs. Hattie Shock

(ADDRESS) 3613 Calvert Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews Cemetery July 23, 1934

19. UNDERTAKER G. H. McLaughlin

(ADDRESS) 2301 Lafayette St.

20. FILED 7-21-34 1934 H. B. Bachner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1932 to July 19, 1934

I last saw him alive on July 19, 1934 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Suppiles
Ischemic heart
Chronic nephritis

Other contributory causes of importance:
None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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) V. J. Fisher, M. D.

(Address) 919 N. Taylor, St. Louis.

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.

AUG 17 1934

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