

JAN 24 1935

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

Do not use this space.

44563

1. PLACE OF DEATH

County..... Registration District No. 2009  
Township..... Primary Registration District No. 1009  
City St Louis (No. City Ventanum) St. .... Ward)

File No. ....  
Registered No. 11671

2. FULL NAME

Charles Gustafson  
(a) Residence, No. 3706a Paternal St., 16 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 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) Feb. 23, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
53 9 14

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Lumber

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

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 Illinois

13. NAME Law Gustafson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown England

15. MAIDEN NAME Eelen Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown England

17. INFORMANT W.F. McClaine M.D. (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh, Ill. DATE Dec 10, 1934

19. UNDERTAKER Wacker, Selderle (ADDRESS) 2331 Broadway

20. FILED J.F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7th 1934

I HEREBY CERTIFY, That I attended deceased from July 31st 1933, to Dec 7th 1934.  
Last seen alive on Dec 7th 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Chronic Myocarditis 7/31/33  
930  
930  
Other contributory causes of importance:  
Bronchopneumonia 12/4/34

Name of operation..... Date of.....  
What test confirmed diagnosis? clinical Was there an autopsy?.....

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?.....  
If so, specify  
(Signed) William F. McClaine, M. D.  
(Address) 5400 Arsenal

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—THIS IS A PERMANENT RECORD

