

MAY 23 1935

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

Do not use this space.

13026

1. PLACE OF DEATH

County Jackson Registration District No. 3002
Township 1st Primary Registration District No. 4594
City St. Louis, Mo. (No. 4594 Indep. Ave)

File No. _____
Registered No. 1203 (Ward) _____
St. 103

2. FULL NAME

(a) Residence, No. 4804 Indep. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 - 1862
7. AGE YEARS 72 MONTHS 9 DAYS 97 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Nall (STATE OR COUNTRY) Denmark

13. NAME Jorgen Christensen

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

15. MAIDEN NAME Anna Nelson

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

17. INFORMANT Mr. J. A. Christensen (ADDRESS) 4594 Indep. Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Bonal DATE April 25, 35

19. UNDERTAKER Boe & Henderson (ADDRESS) 3967 1/2 N. C. Ave.

20. FILED 4-23, 35 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1935

22. I HEREBY CERTIFY, that I attended deceased from April 24th, 1935, to April 23rd, 1935.
I last saw him alive on April 23rd, 1935. Death is said to have occurred on the date stated above, at 1:30, m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris 4/24/35
Chronic Myocarditis 4/24/35
& Arterio Sclerosis

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury none, 19____
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) H. C. Carter, M.D., M. D.

(Address) 805 Elmwood Ave

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.

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

W. Laundry.
805 Lombard.