

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

SEP 25 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6030  
 City St. Louis (No. 2520) McLaren Ave St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 27469  
 Registered No. 129

2. FULL NAME

(a) Residence, No. 5817 Keelen Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Caroline Olsen  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3 1870  
 7. AGE YEARS MONTHS DAYS / If LESS than 1 day, ..... hrs. or ..... min.  
64 9 26  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. til (Blind)  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 years  
 10. Date deceased last worked at this occupation (month and year) 1915 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

13. NAME

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Caroline Olsen (ADDRESS) 5817 Keelen Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug 31 1935

19. UNDERTAKER (ADDRESS) Reiderwiden Funeral Home

20. FILED Aug 2 1935 1935 W a Zittler Registrar.

Dr B. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1935  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1935, to Aug 25, 1935.  
 I last saw him alive on Aug 25/35 1935 Death is said to have occurred on the date stated above, at 7:00 A.M.

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

uremia

Date of onset 1934

Other contributory causes of importance: Tuberculosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? cli Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

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. H. Hershey, M. D.  
 (Address) 6724 W. 7th

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.

224  
331

