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.

JAN 13 1936

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

Do not use this space.

41799

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11047

City St. Louis, Mo. (No. City Sanitarium St. ..... Ward)

2. FULL NAME Paul Olsen

(a) Residence, No. 5800 Arsenal St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Meta Olsen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31, 1891

7. AGE: YEARS 44 MONTHS 10 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) x Denmark

FATHER

13. NAME Christian Olsen

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

MOTHER

15. MAIDEN NAME Agnes Kael

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

17. INFORMANT (ADDRESS) J. G. Sullivan 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Crematory DATE Dec 30 1935

19. UNDERTAKER (ADDRESS) J. Ryan City Infirmary

20. FILED DEC 28 1935, 19 J. W. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1933, to Dec 22, 1935

I last saw him alive on Dec 22, 1935 Death is said to have occurred on the date stated above, at 1:00 a.m.

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

Cerebral Hemorrhage. Date of onset 12-20-36

Other contributory causes of importance: 82 A

Name of operation ..... 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? ..... 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) Henry J. Ulrich, M. D.

(Address) 5600 Arsenal