

MAR 28 1936

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

Do not use this space.

791

12897

1. PLACE OF DEATH

County St. Louis

Registration District No. 1003

File No. 2960

Township St. Louis

Primary Registration District No. 1003

Registered No. 2960

City St. Louis

(No. City of St. Louis)

St. 23 Ward

2. FULL NAME

Cena Venless

(a) Residence, No. 2209 1/2 Jefferson St. 23 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16/36

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Hansen

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1936 to 3/16/36, 1936

I last saw ed alive on 3/16 Death is said to have occurred on the date stated above, at 100 3/2 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 1888

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

7. AGE YEARS 47 MONTHS 11 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

Other contributory causes of importance:

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

Tuberculosis

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

empyema

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) Wisconsin

13. NAME Oliver Hansen

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy? ye

15. MAIDEN NAME Nettie Hansen

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Steph J. Oberg (ADDRESS) 100 3/2

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Mar 19 1936

Nature of injury.....

19. UNDERTAKER Wm Schumacher (ADDRESS) 30 1/2 Mercantile

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

20. FILED MAR 18 1936 Registrar J. T. Bredeck

(Signed) W. B. ... M. D. (Address) 100 3/2

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.

