

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.

JUL 14 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis, Mo* (No. *St. Luke's Hospital*)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **24609**
Registered No. **6230**
St. Ward)

2. FULL NAME

James C. Justason
(a) Residence, No. *3713 Manola* St., *N. R.* Ward.

Que Haven Mo
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *30* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Elizabeth</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 6 1849</i>		
7. AGE YEARS <i>87</i>	MONTHS <i>1</i>	DAYS <i>12</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Denmark</i>
MOTHER
FATHER
13. NAME <i>Just Peterson</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Denmark</i>
15. MAIDEN NAME <i>Marion (unk)</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Denmark</i>

17. INFORMANT *B. M. Justason*
(ADDRESS) *3713 Manola*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Augusta, Mo* DATE *6-19-36*

19. UNDERTAKER *Kruger-Voss - 24*
(ADDRESS) *13402 N. Van Buren*

20. FILED *J. Bredbeck*
JUN 19 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-18-1936*

22. I HEREBY CERTIFY, That I attended deceased from *June 13* 1936, to *June 18* 1936
I last saw him alive on *June 18* 1936 Death is said to have occurred on the date stated above, at *11:25* a.m.

The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction
Cause unknown

Other contributory causes of importance:
Chronic Myocarditis

Date of onset *June 12 1936*

Name of operation..... Date of.....
What test confirmed diagnosis? *X-ray* Was there an autopsy? *Yes*

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 *None*
(Signed) *M. H. Henderson* M. D.
(Address) *3313 Metropolitan Bldg*

