

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

Do not use this space.

**OCT 20 1936**

33691

**1. PLACE OF DEATH**

County Buchanan  
Township St. Joseph  
City St. Joseph (No. 2906 N. 8 St.)

Registration District No. 85  
Primary Registration District No. 1001

File No. 1160  
Registered No. 1160  
St.                      Ward                     

**2. FULL NAME**

(a) Residence, No. 2906 North 8th St. Ward                       
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth 45 yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
4. COLOR OR RACE Wht  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use of the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Augusta Grand (or) WIFE OF                     

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 1861

7. AGE YEARS 75 MONTHS 0 DAYS 8  
If LESS than 1 day, .....hrs. or .....min.

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

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

10. Date deceased last worked at this occupation (month and year) Apr. 1936  
11. Total time (years) spent in this occupation 46

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

13. NAME Do Not Know

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

15. MAIDEN NAME Do Not Know

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

17. INFORMANT (ADDRESS) Raymond Carlsson  
Marionville Mo

18. BURIAL, CREMATION, OR REINTERMENT Memorial Pk. DATE Sept 11 36

19. UNDERTAKER (ADDRESS) Stanley Funeral Home  
St. Joseph Mo.

20. FILED 9/10 36 W. J. Meltsch  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1936

22. I HEREBY CERTIFY, that I attended deceased from Sept 9 36 to Sept 9 36, 1936  
I last saw him alive on 9/2, 1936 Death is said to have occurred on the date stated above, at 1137 N. 8th St.

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

Chronic Myocarditis  
Arteriosclerosis  
93 W  
et

Other contributory causes of importance:

Name of operation None Date of                       
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) W. J. Meltsch, M. D.  
(Address) 2624 St. Joseph 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.

