43

NOV 4 1936

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

Do not use this space.

39278

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1008 Registered No. 10312

City ST. LOUIS MO. (No. 2716 ST. VINCENT AV. St. ..... Ward)

2. FULL NAME LIGE OLSEN

(a) Residence, No. 2716 ST. VINCENT St. 23 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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

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~~ ANNA OLSEN.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 1, 1888

7. AGE: YEARS 48 MONTHS 8 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. WATCHMAN
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. A.
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) FULTON MO.

FATHER

13. NAME UNK. OLSEN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER

15. MAIDEN NAME JULIA FENLEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT (ADDRESS) ANNA OLSEN 2716 ST. VINCENT

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mon St Marcus Am. DATE Oct 14 1936

19. UNDERTAKER (ADDRESS) E. J. Schmur 31 25 Lafayette av.

20. FILED OCT 1 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6:30 A.m.

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

	Date of onset
Artis Sclerosis	
Chr. Myocarditis	

Other contributory causes of importance: [illegible]

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

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) Harold [illegible] ~~M. D.~~

(Address) [illegible]

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.

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