

MAY 7 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Do not use this space.

## CERTIFICATE OF DEATH

SUPPLEMENTARY

14081

## 1. PLACE OF DEATH

County.....

Registration District No. 791

File No. 3577

Township.....

Primary Registration District No. 1003

Registered No.

City St. Louis, Mo.

(No. CITY INFIRMARY)

St. .... Ward)

## 2. FULL NAME John Olsen,

(a) Residence, No. 5800 Arsenal St. Hospital Ward 13

(Usual place of abode) City Infirmary.

(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1862 75 21

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X  
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation

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

13. NAME Pat Olsen

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

15. MAIDEN NAME Margaret ?

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

17. INFORMANT (ADDRESS) E. Molony, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE CALVARY DATE APR 7 1937

19. UNDERTAKER (ADDRESS) J. N. Sebken &amp; Co. 2142 Michigan

20. FILED APR 2 1937 J. T. Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933 to April 1, 1937

I last saw him alive on April 1, 1937. Death is said to have occurred on the date stated above, at 11:00 A.M.

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

CHRONIC MYOCARDITIS

Date of onset

Other contributory causes of importance:

LUES

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

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

If so, specify.....

(Signed) J. T. Bredeck, M. D.

(Address) 5600 Arsenal

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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