

JUN 28 1937

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

Do not use this space.

File No. **21166**
Registered No. **10**
St. _____ Ward _____

1. PLACE OF DEATH

County **ST. CHARLES.**
Township **Callaway.**
City **near Foristell.** (No. _____)

Registration District No. **759**
Primary Registration District No. **6000**

2. FULL NAME **GUSTAF, A. GRANDEHN.**

(a) Residence, No. **R.R.#2 Foristell, Mo.** St. _____ 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 **ELIZABETH GRANDEHN**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **APR. 25-1881**

7. AGE YEARS **56** MONTHS **-** DAYS **15** IF LESS than 1 day, _____ hrs. or _____ min.

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

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) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **SWEDEN**

13. NAME **LARS ANDERSON**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **SWEDEN**

15. MAIDEN NAME **LOUISE CARLSON**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **SWEDEN**

17. INFORMANT **ELIZABETH GRANDEHN** (ADDRESS) **FORISTELL, MO.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **MEMORIAL PARK** DATE **5-12-1937**

19. UNDERTAKER (ADDRESS) **Campana Bros. Inc. 504-Woodson Overland, Mo.**

20. FILED **5-18-1937** **J.A. Mullen** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-10-37**, 19____

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

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at **4.45 P.M.**

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

Primary - **Abdominal Hemorrhage.**

Secondary - **Abdominal Traumatism as a result of farm tractor falling over on him.**

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? **Accident** Date of injury **5-10-37**

Where did injury occur? **R.R2 Foristell Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in farm place. **On his own farmland.**

Manner of injury **Tractor fell on him.**

Nature of injury **Steering wheel pinned in Stomach.**

24. Was disease or injury in any way related to occupation of deceased? **Yes**

If so, specify **Act of tilling his own soil.**

(Signed) **John H. Buse**

(Address) **Coroner St. Charles. Co. Mo.**

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.

210M

