MISSOURI STATE BOARD OF HEALTH OCT 4 103 BUREAU OF VITAL STATISTICS should be stated EXACTLY. PHYSICIANS should state of. Exact statement of OCCUPATION is very important. CERTIFICATE OF DEATS 1. PLACE OF DEAT (a) County..... Registration District No.... Township St. Louis Primary Registration District No. Registered No. Christian Hospital (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? (e) Length of residence in city or town where death occurred yrs. HENRY JENSEN 2. PRINT FULL NAME 3907 Sherman Place (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 3. SEX Sept. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Male White 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** Augusta Jensen (OR) WIFE OF June 1867 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, 7. AGE YEAR5 MONTHS DAYS If LESS than 1 The principal cause of death and related causes of importance were as follows: day,brs. 70 25 ormin. 8. Trade, profession, or particular kind of Merchant work done, as sawyer, bookkeeper, etc supplied 9. Industry or business in which work was done, as saw mill, bank, etc...... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark Frederick Jensen 13. NAME 14. BIRTHPLACE (CITY OR TOWN)... (STATE OR COUNTRY) Denmark Unknown 15, MAIDEN NAME 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOWN). Denmark Where did injury occur?..... (STATE OR COUNTRY) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury. 18. BURIAL, CREMATION. Nature of injury..... Friedens dermann & Son 19. FUNERAL DIRECTOR 2161 If so, specify... (Signed). Local Registrar (Licensed Embalmer's Statement on Reverse Side)

•

STATEMENT BY LICENSED EMBALMER	
William & Be	Licensed Embalmer No. 2116
hereby certify that the body recorded on the reverse side of this certificate was embalmed by William. G.	
Noor by	, Registered Apprentice No
working under my personal supervision.	H. 70: 412 06

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

Licensed Embalmer No.