

0071 4 1937

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

32703

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4704 Kensington Ave.** Registered No. **8757**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Caroline Olsen
(a) Residence, No. **4704 Kensington Ave.** St. **12**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Knude Olsen**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 13, 1854**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
83 7 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as saw mill, bank, etc. **at home**
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)

Denmark

13. NAME

Henry Ramlose

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

Denmark

15. MAIDEN NAME

Johanna Anderson

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

Denmark

17. INFORMANT (ADDRESS)

Mrs. Johanna Robyn
4704 Kensington Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Valhalla Cem.** DATE **Sept. 20/37**

19. FUNERAL DIRECTOR (ADDRESS)

Jos. W. Clark,
1125 Hodiament Ave.

20. FILED

19

J. T. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 17/37**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 13**, 19**37**, to **Sept 17**, 19**37**
I last saw him or her alive on **Sept 17**, 19**37** Death is said to have occurred on the date stated above, at **6.00 P.M.**
The principal cause of death and related causes of importance were as follows:

Intestinal obstruction
(Adynamic ileus)

N.M.O.

Other contributory causes of importance:

not known

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

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, 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) **Dr. Edward Meisenbach**, M. D.

(Address) **Marjorie Blom**
St. Louis, Mo.

SEP 20 1937

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. A. Edward Weisenbock,
306 No. Grand Blvd.,
Franklin 9679.
4-5 P.M.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. 1661.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Jos. W. Clark
Licensed Embalmer No. 1661.

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.)