

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

4826
Do not use this space.
1471

REC'D MAR 4 1938

791
1003

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, Mo. (d) Street No. Lutheran Hospital St.
 (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 Mrs. Eleanor Jensen 525

(a) Residence, No. 2718a Indiana Avenue St. 23 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William Jensen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4th, 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
67	7	4	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household

9. Industry or business in which work was done, as 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) Heide, (STATE OR COUNTRY) Germany

13. NAME John Soeht

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

15. MAIDEN NAME Wibke Dreessen

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

17. INFORMANT Mr. William Jensen (ADDRESS) 2718a Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cem. DATE Feb. 10, 1938

19. FUNERAL DIRECTOR Beidervieden F. Home, Inc. (ADDRESS) 1936 St. Louis Ave.

20. FILED FEB 10 1938 J.P. Budnick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-2-38, 1938, to 2-8-38, 1938
 I last saw her alive on 2-8-38, 1938 Death is said to have occurred on the date stated above, at 4:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia (Bl.) Date of onset 2-4-38
Bronchial Asthma
Myocarditis Chr.
Coronary Sclerosis
 Other contributory causes of importance:
Bronchitis Chronic

Name of operation..... Date of.....
 What test confirmed diagnosis? Sputum 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? No
 If so, specify.....
 (Signed) A. G. Gray, M. D.
 (Address) 12905 Cherokee

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.

11-12

By: *me*
2905 Cherokee

STATEMENT BY LICENSED EMBALMER

I, *Felix J. Krispin*, Licensed Embalmer No. *3497*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed: *Felix J. Krispin*
Licensed Embalmer No. *3497*

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.)