

REC'D JUN 9 1938

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

16386

Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis
 (d) 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.

3
 2 Registration District No.
 Primary Registration District No.
 (d) Street No. Usona Hotel - 5000 Waterman Registered No. 4247
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME

Andrew Pedersen
 (a) Residence, No. Usona Hotel St. NR Barrington, Illinois
 (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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Laura Pedersen		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1867		
7. AGE YEARS 70	MONTHS 9	DAYS 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. Dairyman		
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 Sweden.		
13. NAME Unknown		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark Sweden		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark Sweden		
17. INFORMANT Miss A. Pedersen (ADDRESS) Chase Hotel		
18. BURIAL, CREMATION, OR REMOVAL PLACE Barrington Ill. DATE 5-7 1938		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuar 4228 So. Kingshighway		
20. FILED MAY - 9 1938 J. F. Budeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7 1938

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1938, to May 7, 1938
 I last saw him alive on May 6, 1938. Death is said to have occurred on the date stated above, at 8:50 A.M.

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

Chronic Asthma

Chronic Myocarditis

Date of onset

30/70

Other contributory causes of importance:

Name of operation NONE Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NO 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 None
 Nature of injury None

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

(Signed) J. A. Lembeck M. D.
 (Address) 607 N. 7th St. St. Louis, Mo.

4247

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Mr Joseph Dembeck
601 University Hall

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Geo. W. Greerhausen

Licensed Embalmer No. 2736

P. O. Address 4228 Kingshighway

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.)

If this body is not embalmed, above space should be left blank.