

NOV 16 1938

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

34138
Do not use this space.

791
1003

Registered No. 9124

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. Jewish 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

(a) Residence, No. 4053 Washington St. 19
(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1894

7. AGE YEARS 43 MONTHS 11 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer
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) (STATE OR COUNTRY) Iowa

13. NAME Soren Hansen

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

15. MAIDEN NAME Mary Eskildsen

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

17. INFORMANT (ADDRESS) Soren Hansen
Madison, South Dakota

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison, South Dakota 10/20/38

19. FUNERAL DIRECTOR (ADDRESS) Edith E. Ambruster
4234 Manchester

20. FILED OCT 20 1938 J. T. Bredach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/19/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1938, to 10-19, 1938

I last saw h. P.R. alive on 10-19, 1938 Death is said to have occurred on the date stated above, at 10¹² m.

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

Lobar Pneumonia - Rt. lower lobe & middle Date of onset 22 days
Type I pneumococcus

Other contributory causes of importance:

Septicemia
Empyema, left Rt

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Norman A. Deely M. D.
(Address) Jewish Hosp. apt
St. Louis

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.

STATEMENT BY LICENSED EMBALMER

I, Flornz Eynock, Licensed Embalmer No. 1284

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Flornz Eynock
Licensed Embalmer No. 1284

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.)