REC'D JUN 12 1939

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

17419
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 701
(b) Township ..... Primary Registration District No. 1008
Registered No. 4953
(c) or City St. Louis, Mo. (d) Street No. City Sanitarium 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 85 yrs. 9 mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EMILIE OLSEN
(a) Residence, No. CITY INFIRMARY St. 13
(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*): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 8-1853

7. AGE: Years 85 | Months 9 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

FATHER
13. NAME: John Jungling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steelgart Germany

MOTHER
15. MAIDEN NAME: Louise Jungling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stuttgart Germany

17. INFORMANT (ADDRESS): A. K. Busch, M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE June 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wacker-Helderle 2331 S. Broadway

20. FILED MAY 31 1939 J. B. Buchek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-24-39, 19..., to 5-29-39, 19...
I last saw her alive on 5-29-39, 19... Death is said to have occurred on the date stated above, at 8:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Myocardial Degeneration	
(onset) 1939 X	

Other contributory causes of importance:

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 ....., 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) A. K. Busch, M. D.
(Address) 5800 Arsenal

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X16605

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 Frank R. J. Wyland Sr., Registered Apprentice No. ..... working under my personal supervision.

Signed Frank R. J. Wyland Sr.

Licensed Embalmer No. 2645

P. O. Address St. Louis Mo.

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.