

No. 2  
4-13-40  
-17-39  
I-223159

MAY 13 1941

Registration District No. 741

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 mos  
In this community 3 mos  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 36  
(c) City or town Gray Summit Mo. N.R.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. 49 1 years.

3. (a) PRINT FULL NAME Lars Peter Jensen

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Barbara 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased 5 11 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Denmark  
(City, town, or county) (State or foreign country)

10. Usual occupation Wagon Sales Garded

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Denmark  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Denmark  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. C. Jensen

(b) Address Gray Summit Mo.

17. (a) Burial (b) Date thereof 4-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director C. Hoffmaster E. H. Co.

(b) Address 7814 S. Broadway

19. (a) APR 24 1941 (b) J. F. Brudvik  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1941 hour 3 minute 45 p. M.

21. I hereby certify that I attended the deceased from April 21, 1941, to April 23, 1941,  
that I last saw him alive on April 23, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia  
Acidosis  
Dehydration

Due to Pyelonephritis with stones

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. F. Brudvik (M. D. number) 0

Address HARNEY MOORE Date signed 4-28-41

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING, BLACK INK--MAKE A PERMANENT RECORD

**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.....

*James C. Hoffmeister*

Licensed Embalmer No.....

*13871*

P. O. Address.....

*781 1/2 S. Broadway  
New York City*

**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, fact should be so stated above.**