No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29303

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 1704

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town MAPLEWOOD (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MAPLEWOOD NURSING HOME (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 MONTH (Specify whether years, months or days)
In this community 44 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL")
(d) Street No. 228 CHESTNUT (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

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3. (a) PRINT FULL NAME IENS CHRISTIAN JENSEN
3. (b) If veteran, name war NONE
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife BODIL JENSEN
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased MARCH (Month) 6 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
75	5	6	— hr. — min.

9. Birthplace FUUR (City, town, or county) DENMARK (State or foreign country)
10. Usual occupation DIE MAKER
11. Industry or business CENTUARY ELECTRIC-12 YR. RETIRED
FATHER
12. Name UNKOWN JENSEN
13. Birthplace UNKNOWN (City, town, or county) DENMARK (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) DENMARK (State or foreign country)
16. (a) Informant Olaf C. Jensen
(b) Address 228 Chestnut Ave.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 14 1941 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEMETERY
18. (a) Signature of funeral director Parker Ind Co
(b) Address WEBSTER GROVES MO.
19. (a) AUG 14 1941 (Date received local registrar) (b) E G McGavran MD (Registrar's signature) KL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1941 hour minute 6 P M.
21. I hereby certify that I attended the deceased from Jan 1st 1940 to Aug 12 1941 that I last saw him alive on Aug 12 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute Condiac dilatation	1 day
Due to arteriosclerosis	15 yrs
Due to myasthenia Gravis	15 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) MD
Address Kirkwood MO Date signed 8/14/41

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(Licensed Embalmer's Statement on Reverse Side)

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 R. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.