No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33687

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8645

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis Childrens Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1710
(If outside city or town limits, write "RURAL")

(d) Street No. 4218 N. Grand Ave 8
(If rural, give location)

(e) Citizen of foreign country? No O (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Oliver Eugene Tjoflat

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Single O

6. (b) Name of husband or wife ----------

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased March 22, 1935
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
6	7	6	hr. min.

9. Birthplace St. Louis O Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business

FATHER
12. Name Dr. Oliver Tjoflat
13. Birthplace Unknown O Wis.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hortense Hausam
15. Birthplace Unknown O Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Oliver Tjoflat
(b) Address 4218 N. Grand Ave

17. (a) Burial (b) Date thereof 10/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) OCT 30 1941 (b) J F Bredeck
(Date received for registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 28
year 41 hour 5 minute 45 A M.

21. I hereby certify that I attended the deceased from 10-10, 1941, to 10-28, 1941;
that I last saw him alive on 5-28-41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	2 wks
Cerebral hemorrhage	12 hrs
Due to Acute lymphatic leukemia	5 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Massive bronchopneumonia bilateral. Gross confirmation of Dx of leukemia.

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 Frederick A Jacobs MD (M. D. or other) M.D.
Address 4951 Maryland Date signed 10/28/41

(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.....Leonard Hamilton.....

Licensed Embalmer No.....2967.....

P. O. Address.....St. Louis, Mo.

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.