

Registration District No. **791**

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: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo. 2 days
In this community 2 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 913
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ENGELAHRDT KONGSVIG
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 11 year 1942 hour 1:40 minute P.M. M.
21. I hereby certify that I attended the deceased from March 9, 1942 to July 11, 1942 and that I last saw him alive on _____ and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Sept. 24 1885
(Month) (Day) (Year)

Immediate cause of death _____
Portal cirrhosis, liver.
Syphilis
probably aortitis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>9</u>	<u>17</u>	_____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business _____

MOTHER FATHER
12. Name Adolph Kongsvig
13. Birthplace Norway (City, town, or county) (State or foreign country)
14. Maiden name Anna Neilson
15. Birthplace Norway (City, town, or county) (State or foreign country)

16. (a) Informant C. Hannon
(b) Address 5800 Arsenal St.

17. (a) Place of burial or cremation St. Louis (City or town) (State)
(b) Date of burial or cremation 7-24-42 (Month) (Day) (Year)

18. (a) Signature of funeral director W. Richter
(b) Address 5800 Arsenal St.

19. (a) JUL 30 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

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) Means of injury _____
23. Signature Loren Blaney (M. D. or other) MD
Address 5800 Arsenal Date signed 7-24-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.