

No. 2
5-43
-17-39
X36671

FEB 11 1944
Registration District No. 318

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
MISSOURI BAPTIST HOSP. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WKS.
(Specify whether)

In this community LIFE.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 96

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

(d) Street No. BELLEFONTAINE RD. NR.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GUSTAV OLSEN

3. (b) If veteran, name war _____ = _____

3. (c) Social Security No. _____ = _____

4. Sex MALE 5. Color or race W.

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

6. (b) Name of husband or wife ANNA

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

7. Birth date of deceased JUNE 22 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation CEMETERY SUPT.

11. Industry or business _____

MOTHER FATHER

12. Name HENRY OLSEN H

13. Birthplace St. Louis (City, town, or county) NORWAY (State or foreign country)

14. Maiden name MARY GIESEKING

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

16. (a) Informant Mrs. Anna Olsen

(b) Address Bellefontaine Rd.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/5/44
(Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM

18. (a) Signature of funeral director Resurrection Funeral Home

(b) Address 1936 N. Hwy. Ave.

19. (a) FEB 4 1944 (Date received local registrar's) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 31
year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 2
12 1943 to Jan 31 1944
that I last saw him alive on Jan 31 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia 2 Day
Reflex Pneumonia-Virus 7 "
Acute Paralytic 7 "
nephritis spnt
Due to Chronic Prostatitis

Other conditions 137a
(Include pregnancy within 3 months of death)

Major findings: See Hospital Record
Of operations no. Post. Hsp.

Of autopsy Refused.

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 a farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Wellburg (M. D. or other) 2/2/44
Address 854 N. Hwy. Ave. Date signed _____

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

Guadalupe
.....
Licensed Embalmer No. *3737*

P. O. Address. *936 St. Louis Ave*

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.