

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29487

State File No. \_\_\_\_\_

FILED SEP 18 1944  
1878

Registration District No. \_\_\_\_\_

Primary Registration District No. 100.3

Registrar's No. 7795

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Johns Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 Weeks  
 (Specify whether \_\_\_\_\_)  
 In this community 6 Years  
 (years, months or days)

3. (a) PRINT FULL NAME Sidney D. Juleson3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Harrietta (c) Age of husband or wife if alive 54 years7. Birth date of deceased Sept. 22 1886  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
57 11 19 hr. min.9. Birthplace Kansas  
(City, town, or county) (State or foreign country)10. Usual occupation Salesman

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

MOTHER FATHER { 12. Name Edmond Juleson  
 { 13. Birthplace Canada  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Jenny Cory  
 { 15. Birthplace Iowa  
 (City, town, or county) (State or foreign country)

16. (a) Informant Harrietta  
(b) Address 3863 West Pine Blvd.17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ottawa Kansas18. (a) Signature of funeral director: Thos Kuttis & Son(b) Address 2906 Gravois19. (a) SEP 10 1944 (b) J. Bredbeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County RSN  
 (c) City or town St. Louis 1719  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3863 West Pine Blvd  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9  
year 1944 hour 115a M. minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from March 28  
1944 to Sept 9 1944  
that I last saw him alive on Sept 9 1944  
and that death occurred on the date and hour stated above.Immediate cause of death  
Myocardial Failure 2 days  
Duration \_\_\_\_\_Due to malnutrition 4 wks  
leucosarcinomatous 4 wks  
Due to Carcinoma of stomach 8 monOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: H6  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

(e) 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. Bredbeck (M. D. or other) M.D.  
Address 4952 Maryland Date signed 9-9-44

(Licensed Embalmer's Statement on Reverse Side)

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

635 M

**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 David Tau Fossan

Licensed Embalmer No. 4282

P. O. Address 2906 Duane

**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.