

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18617
Registrar's No. 4748

Registration District No. 318 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: 5030a Page Avenue.
(d) Length of stay: In hospital or institution.
In this community years, months or days

3. (a) PRINT FULL NAME Helen S. Bjorklund.
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nicholas Bjorklund.
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased November 29, 1864.

8. AGE: Years Months Days If less than one day
82 5 11 hr. min.

9. Birthplace Finland.
10. Usual occupation Physician

11. Industry or business
12. Name Edward Fasselles.
13. Birthplace Finland.
14. Maiden name Olga Brandt.
15. Birthplace Finland.

16. (a) Informant Mr. Geo. L. Birkland.
(b) Address 5030a Page Boulevard
17. (a) Cremation (b) Date thereof 5-12-1947.
(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) MAY 12 1947 (b) J. F. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 5030 Page Avenue.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 10th.
year 1947 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from
that I last saw h..... alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Duration
Due to
Due to
Other conditions
Major findings:
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:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature (M. D. or other)
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

Ray P. Campbell

Licensed Embalmer No.

3881

P. O. Address

St Louis, Mo

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.