

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40344**
10402
Registrar's No.

FILED DEC 2 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION PARK LANE HOSPITAL		d. STREET ADDRESS (If rural, give location) 1002 MISSISSIPPI	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) J c. (Last) TENSEN	4. DATE OF DEATH (Month) (Day) (Year) NOV 11 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH Dec 18-1898	9. AGE (In years last birthday) 53 YRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE	10b. KIND OF BUSINESS OR INDUSTRY Ideal Cooler Corp	11. BIRTHPLACE (City and State or Foreign Country) Minneapolis Minnesota	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HANS TENSEN	13b. MOTHER'S MAIDEN NAME MARY NELSON	14. NAME OF HUSBAND OR WIFE Grace Tensen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Sadie Danielson	ADDRESS 2443-11 1/2 Av. South
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Int estinal obstruction following surgery.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Large left inguinal hernia, reducible. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 11-7-52	19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5705
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22. I hereby certify that I attended the deceased from **10-28-**, **1952**, to **11-11-**, **1952**, that I last saw the deceased alive on **11-11-**, **1952**, and that death occurred at **4:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS 4930 Lindell Blvd., St. Louis, Mo.	23c. DATE SIGNED 11-11-52
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24a. REMOVAL OF EYE-GLASSES, OR REMOVAL (Specify) REMOVAL	24b. DATE NOV-12-52	24c. NAME OF CEMETERY OR CREMATORY MINNEAPOLIS	24d. LOCATION (City, town, or county) (State) MINNESOTA
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DATE REC'D BY LOCAL REG. NOV 12 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 3125 Lafayette Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
v. 10.48

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John B. ...

Licensed Embalmer No. *4914*

P. O. Address *3125 ...*

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.