

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37548

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis,
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1008
(d) Street No. Jewish Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 9875

2. PRINT FULL NAME

49.3 Jensine N. Blackstad.
(a) Residence, No. 1111 Bellevue, St. N.R. RICHMOND HEIGHTS
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ole P. Blackstad.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7th 1872</u>		
7. AGE YEARS 66	MONTHS 5	DAYS 7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown So. Dakota .. 1		
13. NAME unknown		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway 7		
15. MAIDEN NAME unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway 7		
17. INFORMANT <u>Wm. A. Blackstad.</u> (ADDRESS) <u>621 Westwood,</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery</u> DATE <u>Nov. 16th</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR (NAME) <u>C. R. Lupton & Sons.</u> (ADDRESS) <u>7233 Delmar, Blvd. St. Louis, Mo.</u>		
20. <u>NOV 15 1938</u> <u>J. A. Predeck</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30 1938 to Nov 14 1938
I last saw him alive on Nov 14 1938. Death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Cerebral hemorrhage 11/10/38
Chronic myocarditis
Other contributory causes of importance

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Alcohol & Tansan M. D.
(Signed) Alfred E. Tansan
(Address) 4500 Olive St.

Dr. Albert Jauszig.
4500 Olive
Po 2757

1-5 PM

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, _____

Bradford A Miles

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Bradford A Miles

Licensed Embalmer No. *2901*

P. O. Address *St Louis*

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, above space should be left blank.