MAR 24 1939

REC'D APR 7 1939

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

12299
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Normandy~~ 3 — Primary Registration District No. 201 — Registered No. 541
or
(c) City Pinelawn — (d) Street No. Natural Bridge & Jennings Rd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert J. Olsen Jr.
(a) Residence, No. 6218 Dardanella St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1921
7. AGE: YEARS 17 — MONTHS 10 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Office Boy
9. Industry or business in which work was done, as saw mill, bank, etc. Post Dispatch
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 0

FATHER
13. NAME Albert T. Olsen Sr. 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark 0

MOTHER
15. MAIDEN NAME Helen Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT (ADDRESS) Frank Yetter, 6814 Fairmount
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE Mar. 25, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle, 2331 S. Broadway
20. FILED MAR 24 1939 19 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident. Collided with an automobile while a pedestrian on a public highway.	3/22/39
Other contributory causes of importance: 210 mm	
Fracture of the skull.	3/22/39

Name of operation ..... Date of .....
What test confirmed diagnosis? physical signs Was there an autopsy? 3/22/3

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3/22/39
Where did injury occur? Pine Lawn, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Pedestrian struck by an auto
Nature of injury Skull fracture. auto.
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O'Connell M. D.
(Address) Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Frank J. Hyland Sr., Registered Apprentice No. ..... working under my personal supervision.

Signed Frank J. Hyland Sr.

Licensed Embalmer No. 2645

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.