

S. No. 2  
DM-5-43  
v. 5-17-39  
P. 1 X36671

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

30164

State File No.

4118

Registration District No. 177

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hospital No. 1  
(d) Length of stay: 10 hrs. 50 mins.  
In this community 7 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. Emery Hotel  
(e) Citizen of foreign country? unknown

3. (a) PRINT FULL NAME Oscar Bjerregaard  
3. (b) If veteran, name war no  
3. (c) Social Security No. 544-07-2023

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 29 year 1946 hour 1 minute 40 P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Belle Bjerregard  
6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased Nov 27 1883

21. I hereby certify that I attended the deceased from 9-29-46 to 9-29-46 that I last saw him alive on 9-29-46 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
62 10 2 hr. min.

Immediate cause of death Cirrhosis of liver with ruptured esophageal varices

9. Birthplace Denmark

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation Bréwer

Other conditions 124K  
(Include pregnancy within 3 months of death)

11. Industry or business Muehlebach Brewery

Major findings: Of operations \_\_\_\_\_  
Of autopsy None

12. Name No record

13. Birthplace No record

14. Maiden name No record

15. Birthplace No record

16. (a) Informant Mrs Belle Bjerregaard

17. (a) Cremation (b) Date thereof 10/2/46

18. (a) Signature of funeral director Wm J. ...

19. (a) 9-30-46 (b) Geraldine Holmes

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature Brandon Hull (M. D. or other) 9-30-46  
Address Med. Dir. Gem'l Hosp Date signed \_\_\_\_\_

*Dr. Mitchell*

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

Signed Howard W. Farmer.....

Licensed Embalmer No. 4134.....

P. O. Address Kansas City, 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.**