No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2572

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 352

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 205 NO. 9th ST 4
(If rural, give location) 25 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jean Andrew Gulbrandsen
3. (b) If veteran, name war
3. (c) Social Security No. YES
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB (Month) 12 (Day) 1880 (Year)

8. AGE: Years 67 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Canada (City, town, or county) (State or foreign country)
10. Usual occupation ~~WATCH REPAIR MAN~~
11. Industry or business KRISMAN FREY JEWLERS
FATHER
12. Name UNKNOWN
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant NEWTON PFEFFER
(b) Address 6600 WINNEBAGO ST
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JAN 13 1948 (Month) (Day) (Year)
(c) Place: burial or cremation MISSOURI CREMATORY
18. (a) Signature of funeral director C HOFFMEISTER COLONIAL MORTUARY
(b) Address 6464 CHIPPEWA
19. (a) JAN 13 1948 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 48 hour 3 0 minute 50 A M.
21. I hereby certify that I attended the deceased from December 19, 1947, to January 11, 1948, that I last saw him alive on January 11, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Superior mesenteric thrombosis	
Due to: Arteriosclerosis.	
Due to:	
Other conditions: Arteriosclerotic heart disease with cardiac insufficiency; arterio sclerosis, generalized.	

(Include pregnancy within 3 months of death)
Major findings ~~of autopsy~~
Of autopsy As above

PHYSICIAN — Underline the cause of 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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature F R Bradley (M. D. ~~or other~~)
Address Barnes Hospital, Date signed 1/11/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

1881
L7
8461

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.