



Hold Funeral Services For Carl Bjelke

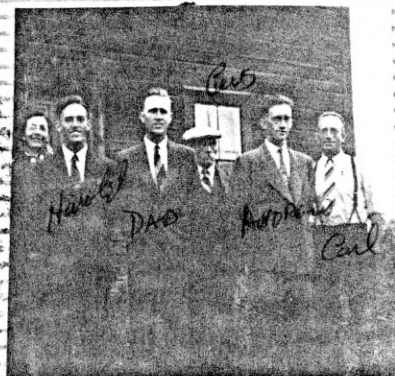
Funeral services for Carl Bjelke, who died at Fort St. John, B.C., on January 16, were held at the Mountview Lutheran Church on January 25, with Rev. A. Rasmussen officiating.

Carl Bjelke was born in the Diamond Valley district on August 25, 1916, and at the age of 10 years moved to Burnt Lake with his parents, the late Mr. and Mrs. Gustaf Bjelke. Here he farmed until 1951, carrying on farming operations after his parents died. He took an active part in all community activities, being secretary-treasurer for the local school board for many years and holding a similar position with the Burnt Lake Credit Union. He took a keen interest in sports and was a valuable member of the Burnt Lake hockey team when they were first organized, and was always ready for a game of baseball. He was president of the District Track Meet and did not spare time or effort in making it function smoothly. Of a gentle, retiring nature, Carl was very popular with children and was a steadfast friend to those who really knew him.

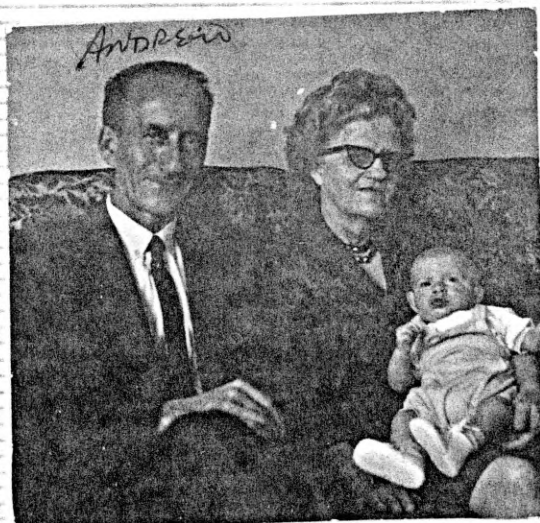
Since 1951 he has been foreman of a crew of men for the Assiniboine Construction Co., first in Penhold then in Calgary, and since last fall he had been at Fort St. John when his sudden death from heart attack came as a shock to his relatives and friends.

He is survived by two sisters, Mrs. Axel Johanson (Dora), of Burnt Lake, and Mrs. Peter Tastad (Ruth), Strongfield, Sask., and four brothers, Gunnar of Rocky Mt. House, Andrew of Vancouver, Arthur of Red Deer and Harold of Edmonton.

Pallbearers were Einar Einarson, John Silverberg, Carl Engman, Andrew Miller, Frank Dal-laire and Swain Swainson.



Peter T.



OPPA Johanson

Carl

Form A

This form, if placed in an open envelope, marked "Vital Statistics" and addressed to the nearest Registrar of Vital Statistics, will pass through the mail free, in accordance with Regulations of the Post Office Department respecting franking and free mail matter.

CANADA
PROVINCE OF ALBERTA

FOR THE USE OF THE DEPARTMENT ONLY
Record No. *001668* of 19

001668

REGISTRATION OF BIRTH

Registered at

Date of Birth	<i>28th</i> day of <i>August</i> 191 <i>0</i>
Place of Birth (Street and No., if any)	<i>St. # - 38. 3rd St</i>
Christian Name (if any) and Surname	<i>Charles Carl Bjelke</i>
Sex (Male or Female)	<i>Male</i>
Name and Surname of Father	<i>Gustaf Bjelke</i>
Native Country of Father	<i>Sweden</i>
Profession or Occupa- tion of Father	<i>Farmer</i>
Name and Maiden Surname of Mother	<i>Hena Selstrom</i>
Native Country of Mother	<i>Sweden</i>
Name of Doctor in attendance at Birth (if any)	<i>✓</i>
REMARKS	<i>✓</i>

GENEALOGICAL
PURPOSES

NOTE: This form must not be mutilated. All information asked for should be given, including full Christian and surnames of parents as asked for, and if for any reason this is impossible a statement must be made to that effect in the column set apart for "Remarks."

I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at *St. # - 38* this *28th* day of *Novr* 191*0*
Gustaf Bjelke
Informant.
St. # - 38
Post Office Address.

I hereby certify that the above return was made to me at *St. # - 38* on the *28th* day of *Novr* 191*0*

REGISTRAR'S RECORD NO. OF 1
J. M. Millick Registrar

DO NOT USE BALL POINT PEN

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

DO NOT WRITE BELOW
DOUBLE LINE
OFFICE USE ONLY

PROVINCE OF BRITISH COLUMBIA
DEPARTMENT OF HEALTH AND WELFARE — DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only)

57-09-001652

1. PLACE OF DEATH

Name of city or place Fort St. John, B.C. (Rural) Name of Municipality (if any) _____
(If outside city or municipal limits add "Rural")
Street or road Boston River Bridge Construction Camp House No. _____
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY

In Municipality where death occurred In Province In Canada (if immigrant)
(in years, months and days) 2 1/2 months 2 1/2 months Life

3. PRINT FULL NAME OF DECEASED

BJELKE CARL HELGI
(Surname or family name) (All given or Christian names in full)

4. PERMANENT RESIDENCE OF DECEASED:

Name of city or place Red Deer, Alberta Name of Municipality (if any) _____
(If outside city or municipal limits add "Rural")
Street or road 39 St House No. 4005

5. SEX

Male 6. CITIZENSHIP (See marginal note) Canadian 7. RACIAL ORIGIN (See marginal note) Swedish 8. Single, Married, Widowed or Divorced (Write the word) single 9. BIRTHPLACE: (City or Place and Province or Country) Red Deer, Alberta

10. Date of Birth

August 25th, 1910 11. AGE } 46
(Month by name) (Date) (Year) Years Months Days If less than one day
hrs. or min.

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.
(b) Kind of industry or business, as logging, fishing, bank, etc.

Foreman
Construction
(If labourer specify kind of work above) (If "Housewife" in own home answer "At Home")

13. Date deceased last worked at this occupation

Jan. 18/57. 14. Total years spent in this occupation 7 years

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased.

16. Name of father

Bjelke Gustave
(Surname or family name) (All given or Christian names)

17. Maiden name of mother

Selstorn Lena
(Surname or family name) (All given or Christian names)

18. Birthplace—

Father Sweden Mother Sweden
(City or Place and Province or Country) (City or Place and Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at Fort St. John, B.C., this 17 day of January, 1957

Signature of informant E. A. Cundy Relationship to deceased None

(Married woman not to use husband's initials or given names)

Address of informant Fort St. John, B.C.
(House No.) (Name of street) (Name of City, Municipality or Place) (Province or State)

20. Burial, Cremation or Removal

Removal (State which) January 21 1957
(Month by name) (Date) (Year)

Place of Burial or Cremation

Red Deer, Alberta Name of Cemetery Red Deer Cemetery
(Municipality, etc., where Cemetery located) (Name of City, Municipality or Place) (Province or State)

21. Undertaker:

Name Reynard's Funeral Home Address Dawson Creek, B.C.
256-7821-2424 (Name of City, Municipality or Place) (Province or State)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH January 16 1957
(Month by name) (Date) (Year)

23. I HEREBY CERTIFY that I attended deceased from _____ to _____ and last saw him alive on _____

I

Disease or condition directly leading to death
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.)

Antecedent causes

Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.

Other significant conditions contributing to the death, but not related to the disease or condition causing it.

CAUSE OF DEATH

(a) Emphysema 3 days
due to (or as a consequence of)

(b) arteriosclerosis indefinite
due to (or as a consequence of)

(c) _____

Approximate interval between onset and death

24. If a woman, was the death

(a) Associated with pregnancy? _____ (b) Duration _____ weeks. (c) Was there a delivery? _____

25. (a) Was there a recent surgical operation?

No (b) Date of operation _____ 19 _____

(c) State findings of operation

(d) Was there an autopsy? yes

26. If death was due to external causes (violence) fill in also the following:

(a) Accident, suicide or homicide? _____ (b) Date of injury _____ 19 _____

(c) Manner of injury

(State which) (How sustained)

(d) Nature of injury

(e) Specify whether injury occurred in industry, in home or in public place

27. Signed by E. A. Cundy Designation Coroner M.D., Coroner, etc.

Address Fort St. John, B.C. Date Jan 18 1957 19 _____

28. Print name of M.D., Coroner, etc., whose signature appears above E. A. CUNDY

29. Notations _____

30. I hereby certify that the above return was made to me at Fort St. John, B.C.

Dated January 17 1957

District Registration No. 7-57 (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

In case of stillbirth consult reverse side before making out certificate.