

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

10 Reg. No. (For use only)

57-09-001652

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).

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 Benton 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 HELGJ
(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 <u>Male</u>	6. CITIZENSHIP (See marginal note) <u>Canadian</u>	7. RACIAL ORIGIN (See marginal note) <u>Swedish</u>	8. Single, Married, Widowed or Divorced (Write the word) <u>single</u>	9. BIRTHPLACE: (City or Place and Province or Country) <u>Red Deer, Alberta</u>
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10. Date of Birth August 25th, 1910 11. AGE } Years 46 Months _____ Days _____ If less than one day _____ hrs. or _____ min.
(Month by name) (Date) (Year)

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc. Foreman
(b) Kind of industry or business, as logging, fishing, bank, etc. Construction
(If labourer specify kind of work above) (If "Housewife" in own home name "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 G. Kearney 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 Date January 21, 1957
(State which) (Month by name) (Date) (Year)
Place of Burial or Cremation Red Deer, Alberta Name of Cemetery Red Deer Cemetery
(Municipality, etc., where Cemetery located)

21. Undertaker—
Name Raymond Funeral Home Address Dawson Park, B.C.
250-7821-2424 (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 _____ 19____ to _____ 19____ and last saw him alive on _____ 19____

CAUSE OF DEATH
Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death.) (a) Emory occlusion 3 days
due to (or as a consequence of)
Antecedent causes (b) arteriosclerosis indignite
due to (or as a consequence of)
Other significant conditions contributing to the death, but not related to the disease or condition causing it. (c) _____

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 _____ (How sustained)
(d) Nature of injury _____

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

27. Signed by G. Kearney 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 G. KEARNEY

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]
(Signature of District Registrar)

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