

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

Do not use this space.

NOV 15 1937

37119

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph

Registration District No. _____
Primary Registration District No. _____
(No. Missouri Methodist Hospital St. _____ Ward)

File No. _____
Registered No. 1092

2. FULL NAME

Beda Fleur Lindbeck

(a) Residence, No. 2606 Felix St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1937, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl G. Lindbeck

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1937, to Oct 3, 1937

I last saw her... alive on Oct 2, 1937. Death is said to have occurred on the date stated above, at 3.30 m. A.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1874
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 11 13

Diffuse General Intra-
Lith. Carcinoma Date of onset 2

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

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ekekull-Skede Sweden

MOTHER FATHER 13. NAME Carl Lindbeck Fleur

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ekekull-Skede Sweden.

MOTHER 15. MAIDEN NAME Marie Peterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ekekull-Skede Sweden.

17. INFORMANT (ADDRESS) John V. Lindbeck Des Moines, Iowa.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cemetery DATE Oct. 5, 1937

19. UNDERTAKER (ADDRESS) Walter Meinhofen 1302 Farnon St. St. Joseph, Mo.

20. FILED 10-5 1937 N. J. Nestlehus Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____

(Signed) W. J. Blum, M. D.

(Address) Corby Bldg. St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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