REC'D APR 8 193

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

12035
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township ~~Clayton~~
(c) City Clayton, Mo.
Registration District No. 784
Primary Registration District No. 101
Registered No. 605
(d) Street No. St. Louis Co. Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oscar F. Lindholm 534
(a) Residence, No. 2310 Kienlen Ave., St. Wellston, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Lindholm
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1885.
7. AGE: Years 52 | Months 9 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER
13. NAME D'ont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER
15. MAIDEN NAME D'ont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Mrs. Clara Lindholm
(ADDRESS) 2310 Kienlen Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carlinville Ill. DATE April 4, 1938

19. FUNERAL DIRECTOR Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave.

20. FILED 4-2, 1938 T. R. Magner M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2/38. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
162-	
Suicide by liquid poison	
(lysol)	4/1/38
Other contributory causes of importance:	
Necrosis of oesophagus.	
Gangrene of stomach with	4/1/38
perforation.	

Name of operation none 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? suicide Date of injury Apr. 1, 1938
Where did injury occur? Wellston, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Probably home
Manner of injury Suicide by lysol poison.
Nature of injury Perforation of stomach.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O'Laughlin, M. D.
(Address) Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X12004

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. 1661

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Jos. W. Clark

Licensed Embalmer No. 1661

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.)