

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

8472
Do not use this space.

REC'D APR 12 1939

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791
 (b) Township..... Primary Registration District No..... 1008
 (c) City..... ST. LOUIS, MO. (d) Street No..... 6228 WALSH 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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 236 JOHN SHOSTROM

(a) Residence, No. 6228 WALSH St. 2 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARTHA SHOSTROM

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 13, 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	89	2	24	

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

12. BIRTHPLACE (CITY OR TOWN)..... HOSJON, SWEDEN 9
 (STATE OR COUNTRY)

FATHER 13. NAME JOHN SHOSTROM 7

FATHER 14. BIRTHPLACE (CITY OR TOWN)..... HOSJON, SWEDEN 7
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME UNKNOWN 9

MOTHER 16. BIRTHPLACE (CITY OR TOWN)..... UNKNOWN
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Minnie C. Petersen
 (ADDRESS) 6228 Walsh St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE KANSAS CITY, MO DATE MAR. 10 1939

19. FUNERAL DIRECTOR (NAME) OSCAR I. HOFFMEISTER
 (ADDRESS) 4016 CHIPPEWA STREET

20. FILED J. F. Budick Local Registrar
 MAR 8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 19 39.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1939, to Mar. 7, 1939.

I last saw him alive on March 7, 1939 Death is said to have occurred on the date stated above, at 8:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Hypertrophic Emphysema
 non tubercular
 106 B
 Date of onset 1/2/39
 Other contributory causes of importance:

Chronic Bronchitis and Bronchial Asthma...some years.

Name of operation none Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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? NO.
 If so, specify Otto Werling, M. D.
 (Signed) (Address) 2221 Cherokee st., St. Louis, MO.

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.

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

William A. Leisinger

Licensed Embalmer No.

4049

P. O. Address

4016 Chippewa

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, above space should be left blank.