

WHILE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17 (41) 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3840
Registrar's No. 123

Registration District No. 784 Primary Registration District No. 115

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(c) Name of hospital or institution: # 7144 Stanford Ave.
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(d) Street No. # 7144 Stanford
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Axelina Hallquist
8. (b) If veteran, name war none
8. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH Month Jan day 16 year 1940 hour 2 minute 0 M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Andrew Hallquist 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 20, 1859

21. I hereby certify that I attended the deceased from Jan 15, 1940 to Jan 16, 1940
that I last saw him ON alive on Jan 15, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 6 Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral thrombosis
Due to Cerebral degeneration
Arterio. Sclerosis

9. Birthplace unk
10. Usual occupation at home

Other conditions _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name John Peterson
13. Birthplace Sweden
14. Maiden name unknown
15. Birthplace unknown Sweden

PHYSICIAN
Underline the cause to which death should be charged statistically.
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Binar G. Hallquist
(b) Address # 7144 Stanford
17. (a) burial (b) Date thereof Jan 18, 1940
(c) Place: burial or cremation Woodlawn Cem. Ell.
18. (a) Signature of funeral director C. R. Repton & Sons
(b) Address # 7033 S. Grand Blvd.
19. (a) JAN 17 1940 (b) R. Meyer

23. Signature [Signature] (M. D. or other) _____
Address Univ. City, Mo. Date signed 1/16

[Faint, mostly illegible handwritten text, possibly a signature or name, crossed out with a diagonal line.]

*Murray - West 12th
9th - 7534
1-3 P.M.*

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.