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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22825

State File No.

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 1168

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

1. PLACE OF DEATH:

(a) County St. Louis 3

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Brawnson Hotel.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution BRAWNSON (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

0

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits write "RURAL")

(d) Street No. 4112 Shaw Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ralph P. Holmlund 454

3. (b) If veteran, name war None

3. (c) Social Security No. (138-16-4963)

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 5

6. (b) Name of husband or wife Elouise Holmlund

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Aug. (Month) 31 (Day) 1902 (Year)

8. AGE: Years	Months	Days	If less than one day
37	9	18	hr. min.

9. Birthplace (City, town, or county) Sweden (State or foreign country) 7

10. Usual occupation Salesman Drug Co. 7

11. Industry or business Carrol-Dunham-Smith

FATHER
12. Name Eric Holmlund 7
13. Birthplace (City, town, or county) Sweden (State or foreign country)

MOTHER
14. Maiden name Etta Johnson
15. Birthplace (City, town, or county) Sweden (State or foreign country)

16. (a) Informant Elouise Holmlund
(b) Address 4112 Shaw Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-20-40 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) JUN 20 1940 (Date received local registrar) (b) C. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th year 1940 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Some sort of poison found in stomach — Duration 10 min

Due to contents

Due to Examination of contents board made (will notify us when completed) — Duration 10 min

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Chas. Ashmore M.D.

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 June 18, 1940
(c) Where did injury occur? Maplewood (City or town) (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In a Hotel Room
While at work? No (Specify type of place) (e) Means of injury ?

23. Signature John L. Conner (M. D. or other)
Address Jones St. Louis Co. Date signed 6/19/40

(Licensed Embalmer's Statement on Reverse Side)

2DDW

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 Edwin H. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

N-0110

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22823

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 1168

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ralph P. Holmlund

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 37 Months 9 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 6-20-40 (Date received local registrar) (b) T R Mayer M Dep W (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: Some sort of poison found in stomach content

Due to

Due to Examinations of contents being made will notify us when examinations are made

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Barbiturate compound

Duration

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) D K.

(b) Date of occurrence 6/18/1940

(c) Where did injury occur? Maplewood (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature John O Connell Coroner (M. D. or other)

Address Date signed

S-22825