

No. 2
4-13-40
-17-39
I X23159

Dr. Kloiber
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4293 ✓

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 52

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

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town Overland Mo.
(c) Name of hospital or institution: 9423 Central
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 years
In this community 36 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARIA GORANSSON.

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced W L

6. (b) Name of husband or wife Charles H. Goransson 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Feb. 24 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business Own Home

12. Name Anders Hanson

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

14. Maiden name Undersaun

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

16. (a) Informant Mrs. Elizabeth Housekeeper

(b) Address 9423 Central Ave

17. (a) Burial (b) Date thereof 1/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Baumann Bros Inc.

(b) Address 2564 Woodson Rd Overland Mo.

19. (a) Jan 9 - 1941 (b) R. M. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9423 Central
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 036 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 6th
year 1941 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 10
1939, to Jan 6, 1941;
that I last saw her alive on Jan 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Bronchopneumia Duration 3 days

Due to Carcinoma of Rt. Kidney 2 yrs.

Due to 5 L.A.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no operation
Of autopsy None performed

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? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature Hermand Kloiber (M. D. or other) M.D.
Address 9621 Saddle Pk. Date signed 1-8-41

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.....

Oscar F. Mueller

Licensed Embalmer No.....

3039

P. O. Address.....

Overland 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, fact should be so stated above.