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No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32914
Registrar's No. 7866

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 060
(c) City or town St. Louis 3-17
(If outside city or town limits, write "RURAL")
(d) Street No. ST. LOUIS 107 N. 6TH ST.
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country SWEDEN

3. (a) PRINT FULL NAME John Lanquist

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

4. Sex M.D. 5. Color or race W.
6. (a) Single, widowed, married, divorced WIDOWED.
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 Months Days If less than one day
ABOUT 81 hr. min.

9. Birthplace (City, town, or county) SWEDEN 4
(State or foreign country)

10. Usual occupation NIL.

11. Industry or business NIL.

MOTHER FATHER { 12. Name UNKNOWN
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Bahmeyer
(b) Address 1391 Blackstone Ave.

17. (a) BURIAL (b) Date thereof OCT 2-1941
(Burial, association, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ZION CEM. PEVEY, MO.

18. (a) Signature of funeral director Heilington Funeral Home
(b) Address Funeraria, Inc.

19. (a) OCT 2 1941 (b) J. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30,
year 1941 hour 1:35 minute A. M.
21. I hereby certify that I attended the deceased from September 26, 1941 to September 30, 1941
that I last saw him alive on September 30, 1941
and that death occurred on the date and hour stated above.

Duration _____
Immediate cause of death arteriosclerotic heart disease

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 3 refused
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) (e) Means of injury _____

23. Signature Don Petersen (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 10/2/41

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

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.

No Embalming

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.