

S. No. 2
1-542
5-17-39
PI X32873

FILED AUG 11 1942
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

23192
State File No. 6489
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 5022 Westminster Place /
(d) Length of stay: In hospital or institution unknown
In this community unknown

2. USUAL RESIDENCE OF DECEASED: 006
(a) State Missouri (b) County 12
(c) City or town St. Louis 9/2
(d) Street No. 5022 Westminster Place
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -- 0

3. (a) PRINT FULL NAME Ingolf Turmo
(b) If veteran, name war -- (c) Social Security No. 387-12-7701

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31
year 1942 hour 1 minute 8 M.

4. Sex Male () 5. Color or race White
6. (a) Single, widowed, married, divorced Single /
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Nov. 5 1916
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 1942 to July 30 1942
that I last saw him alive on July 30 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
25 8 26 hr. min.

Immediate cause of death: Massive pulmonary edema 1 hr (?)
Due to Acute pancreatitis 2-3 days

9. Birthplace Clifford N. Dakota /
(City, town, or county) (State or foreign country)

Due to Chronic duodenal ulcer

10. Usual occupation Bookkeeper

Other conditions: (Include pregnancy within 3 months of death)

11. Industry or business Mississippi Valley Trust Co.

Major findings: Of operations

12. Name Rev. Olaf Turmo

Of autopsy: Same as causes of death

13. Birthplace -- Iowa /
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Thompson

15. Birthplace -- Minnesota /
(City, town, or county) (State or foreign country)

16. (a) Informant Bro. Olaf Turmo

(b) Address 5334 Itaska

17. (a) Burial (b) Date thereof Aug. 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
South Branch Luth. Cemetery

(c) Place: burial or cremation Newman Grove, Nebraska

18. (a) Signature of funeral director Reiderwieden F. Home Inc.

(b) Address 1936 St. Louis Ave.

19. (a) III 31 1942 (b) J. P. Bredbeck
(Date received local registrar) (Registrar's signature)

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 Bruce Kenamore (M. D. overline)

Address 3720 Washington Date signed 7-31-42

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

20
17
9

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Bruce Krenner
3720 Washington
Je 4515

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..... *Delis J. Kripin*

Licensed Embalmer No..... *3497*

P. O. Address..... *1936 St. Louis A*

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.