

S. No. 2  
M-9-4-1  
v. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31363

State File No.

Registrar's No.

Registration District No. 84

Primary Registration District No. 106

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Old Folks Home 711 S. Kirkwood Rd.  
(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 Mo. (b) County St Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 711 S. Kirkwood Mo.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clara Lundius

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 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 April 1 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 5 2 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Peter Lundius  
13. Birthplace Sweden  
(City, town, or county) (State or foreign country)  
14. Maiden name Hannah Benson  
15. Birthplace Sweden  
(City, town, or county) (State or foreign country)

16. (a) Informant Old Folks Home Records,  
(b) Address 711 S. Old Folks Home.

17. (a) Burial (b) Date thereof 9-5-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery  
Louis H. Bopp, Inc.

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 131 W. Argonne Dr. Kirkwood, Mo.

19. (a) SEP - 4 1942 (Date received local registrar)  
(b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3d  
year 1942 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 4/20 1942 to 9/3 1942  
that I last saw him et alive on 8/31 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myo carditis with edema.  
Due to Sino-auricular node partial block  
Due to \_\_\_\_\_

Other conditions: 93d  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

4 months

4 months

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)  
Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Kirkwood, Mo Date signed 9/4/42

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

96  
4  
3

**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.....

*Louis H Bapp*

Licensed Embalmer No.....

*921*

P. O. Address.....

*Kirkwood, 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.**