

S. No. 2
M-5-42
7-5-17-39
P1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32187

State File No.

FILED NOV 11 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9132

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St. Louis

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

(d) Length of stay: In hospital or institution 54 hrs (Specify whether
In this community 6 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 999

(c) City or town Scott Field S.B. NR.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Janet Kay Lundberg
RAINE THORNTON VANDERBORG

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

4. Sex F 5. Color or race W 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 Oct. 26 1942
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1942 hour 5 minute 05 P. M.

21. I hereby certify that I attended the deceased from Oct. 26 1942 to Nov. 1 1942
that I last saw h. en alive on Nov. 1 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
- - 6 hr. min.

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

10. Usual occupation -

11. Industry or business -

MOTHER FATHER { 12. Name Capt. E.F. LUNDBERG

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

14. Maiden name Edna Jane Battelle

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

16. (a) Informant Edna Jane Lundberg
(b) Address Scott Field S.B.

17. (a) Funeral (b) Date thereof 11-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omaha Neb.

18. (a) Signature of funeral director Alexander
(b) Address 6179 P. Hwy

19. (a) NOV 2 1942 (b) J. F. Bruesch
(Date received local registrar) (Registrar's signature)

Immediate cause of death Spinal Bifida

Due to meningocele

Due to Hydrocephalus

Other conditions (Include pregnancy within 3 months of death) Breech Presentation

Major findings: Of operations none

Of autopsy none

PHYSICIAN 51
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 Fred V. Enright (M. D. or Other)
Address 713 Metropolitan Date signed 11-2-42
Blair

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

Ally Carter

H. Bennett

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 *Joe E. McEllroy*

Licensed Embalmer No. *2460*

P. O. Address *6720 Pellmar*

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.