4480

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1005

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town — (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route City Hosp #1 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 yrs 5 mo 25 Da years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 12 995
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 320 WALNUT ST. (If rural, give location)
(e) If foreign born, how long in U. S. A.? No attending Physician 0 years.

3. (a) PRINT FULL NAME OTTO LUND
3. (b) If veteran, name war NO
3. (c) Social Security No.
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 AUG. (Month) 5 (Day) 1882 (Year)

8. AGE: Years 60 Months 5 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation LABORER
11. Industry or business GENERAL
FATHER
12. Name OTTO H. LUND
13. Birthplace — (City, town, or county) GERMANY 4 (State or foreign country)
MOTHER
14. Maiden name HELEN NIESSEN
15. Birthplace COPENHAGEN (City, town, or county) DENMARK 4 (State or foreign country)
16. (a) Informant's own signature Anna Winklmeier
(b) Address 1616 N 42 East St. Louis, Ill.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 2-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation E. St Louis, Ill ST CLAIR MEM PARK
18. (a) Signature of funeral director John J Kassly
(b) Address East St. Louis, Ill.
19. (a) FEB 7 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1943 hour 12 minute 05 P M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Hypertrophy	
Due to Chronic Myocarditis Ascites	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature Alfred Perry 3 (M. D. or other)
Address Wright Eaton Date signed 2/1/43

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on ~~the reverse~~ Not Embalmed side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed John J Kassly

Licensed Embalmer No. 6855 ILL

P. O. Address East St. Louis, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.