

FILED JUL 21 1944

Registration District No.

318

Primary Registration District No.

Registrar's No.

6230

1. PLACE OF DEATH:

(a) County...
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 55 Yrs
years, months or days)

3. (a) PRINT FULL NAME MARY EKSTROM

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John E Ekstrom 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 20 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 2 22 hr. min.

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

10. Usual occupation Housework

11. Industry or business At Home

12. Name Unkown Jensen

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

14. Maiden name Unkown

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

16. (a) Informant John E Ekstrom

(b) Address 820 So. 4th

17. (a) Burial (b) Date thereof 7 14 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial

18. (a) Signature of funeral director Kriegshauser Und Co

(b) Address 4228 So. Kingshighway Blvd

19. (a) JUL 12 1944 (b) J. F. Fredrick
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 820 So. 4th St
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 44 hour 11 minute 5 a.p. M.

21. I hereby certify that I attended the deceased from July 6, 1944, to July 12, 1944
that I last saw her alive on July 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of ovary
Diabetes mellitus

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Large cystic carcinoma of ovary
Generalized arteriosclerosis

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)

23. Signature James F. Vagge
Address BARNES HOSPITAL Date signed

Duration

6 mo.
2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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.....
Edwin M. Bennett

Licensed Embalmer No..... *3024*

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.