S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28500

State File No.

Registration District No. 317 Primary Registration District No. 3066 Registrar's No. 1221

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: 233 E. Adams. 1
(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 Missouri (b) County St Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 233 E. Adams
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hilda Lindahl
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anton Lindahl
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Aug (Month) 26 (Day) 1868 (Year)

8. AGE: Years 76 Months 11 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Sweden (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name N. Nelson
13. Birthplace (City, town, or county) Sweden (State or foreign country)
MOTHER
14. Maiden name Anna Jones
15. Birthplace (City, town, or county) Sweden (State or foreign country)
16. (a) Informant Lenora Lindahl
(b) Address 233 E. Adams,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem
18. (a) Signature of funeral director Louis H Bopp Jr
(b) Address Kirkwood Mo.
19. (a) 8-14-45 (Date received local registrar) (b) E. G. McDavan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1945 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from Oct 10 1938 to Aug 10 1945
that I last saw her alive on Aug 10 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 1. Edema of Lungs 2. Hypertension	5 mths
Due to Nephritis and Cardiac Decompensation	6 years
Due to 131	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations No operation	
Of autopsy " 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 John H Armstrong (M. D. or other) M.D.
Address 301 N. Kirkwood Rd Kirkwood Mo. Date signed 8-11-45

(Licensed Embalmer's Statement on Reverse Side)

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 Felix Durand

Licensed Embalmer No. 3034

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.