

FILED FEB 20 1946
Registration District No. **318**

Primary Registration District No. **100.2**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2646a Coyer Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Janice Joy Ekdahl
3. (b) If veteran, name war..... 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 5th
year 1946 hour 1:00 minute P.
21. I hereby certify that I attended the deceased from 2-5-46 to 2-5-46
that I last saw her alive on 2-5-46 and that death occurred on the date and hour stated above.

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

Immediate cause of death Immaturity & Permatently since birth
Due to.....
Due to.....

7. Birth date of deceased: December 5th 1945
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
0 2 0 hr. min.

Other conditions (Include pregnancy within 3 months of death) 151
Major findings:
Of operations.....
Of autopsy.....

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Wilson F. Ekdahl
13. Birthplace New Jersey
(City, town, or county) (State or foreign country)
14. Maiden name Annabelle Spangler
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Wilson F. Ekdahl Father
(b) Address 2646a Coyer Ave
17. (a) Burial (b) Date thereof Feb 8 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Petz Bros
(b) Address 3029 Lafayette Ave
19. (a) FEB 7 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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 0
23. Signature J. F. Bredek (M. D. or other)
Address 3720 Washington

Harry Robinson

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 *Francis J. Swine*

Licensed Embalmer No. *2245*

P. O. Address *St. Louis 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.