

Registration District No. 118

Primary Registration District No. 5437

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Rural Bourbon Sup
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 2 days
years, months or days

3. (a) PRINT FULL NAME PETE DAHLBERG

3. (b) If veteran, name war - 3. (c) Social Security No. 494-01-2884

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fanny Dahlman Dahlberg 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased October 9 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 4 hr. min.

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

10. Usual occupation Cut & Die Maker

11. Industry or business

12. Name Ola Dahl
13. Birthplace Sweden
(City, town, or county) (State or foreign country)
14. Maiden name Martha Persen
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. PETE DAHLBERG
(b) Address MAPLEWOOD, MO.

17. (a) Burial (b) Date thereof 5 16 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Miss H. N. White

(b) Address Culmville, Mo.

19. (a) 5-13-46 (b) Dorothy Hackman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from March 23
1946 to May 13 1946
that I last saw him alive on May 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Ch. Myocarditis
Due to Loiasis & Leishmaniasis

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?

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

23. Signature E. A. Scott (M. D. or dentist)
Address St. James Hospital Date signed 5/13/46

RECEIVED
District Health Officer No. 821
District File Number _____
Date Filed 6-10-46

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 Me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed McLeod H. H. Winter
Licensed Embalmer No. 3838
P. O. Address Quensville 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.