

No. 2  
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5-17-39  
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U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 27 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **19690**  
Registrar's No. **1021**

Registration District No. **377** Primary Registration District No. **6076**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Manchester**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Manchester Nursing Home and Sanatorium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4/13/47 to 5/16/47**  
(Specify whether years, months or days) **4/13/47 to 5/16/47**

3. (a) PRINT FULL NAME **Helen Egilsrud**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Kristian Ekilsrud**  
6. (c) Age of husband or wife if alive **Dec'd** years \_\_\_\_\_  
7. Birth date of deceased **March 21st, 1869**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78** **1** **25** **11 hr. 30 min.**

9. Birthplace **London** **England**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **John Stjorhan**

13. Birthplace **Bergen** **Norway**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nana Holmboe**

15. Birthplace **Bergen** **Norway**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. L. J. Sverdrup**

(b) Address **1155 Hillside Drive R.E.**

17. (a) **Cremation** (b) Date thereof **5/19/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Chapel**

18. (a) Signature of funeral director **Robert J. Ambruster Inc.**

(b) Address **6633 Clayton Road**

19. (a) **3-20-47** (b) **Charles Shep**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1155 Hillside Drive**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **16**  
year **1947** hour **11:45** minute **A** M.  
21. I hereby certify that I attended the deceased from **Apr. 13**  
**1947** to **May 16**, 19**47**  
that I last saw her alive on **May 16**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute cardiac failure sudden**  
**hypertension of 30**  
**3 previous strokes**  
**lt. hemiplegic**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

**6 hrs.**

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(e) Means of injury \_\_\_\_\_

23. Signature **Ch. Denny** (M. D. or other) **MD**  
Address **Creve Coeur, Mo** Date signed **5-17-47**

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

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JUN 3 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>*no embalming*</sup> ~~was embalmed~~ by me, or by .....

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

Signed *Arnold W. Schoene* .....

Licensed Embalmer No. *3864* .....

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.**