

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

Registration District No.

Primary Registration District No. 1003

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:
Res: 2518 Clifton Ave.
 (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)

3. (a) PRINT FULL NAME **WILHELMINA S. JANSSON.**

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 **Widowed**
 6. (b) Name of husband or wife **Karl G. Jansson** 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **July 24 1861**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	----	14	br. min.

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

10. Usual occupation **at home**

11. Industry or business.....

12. Name **unknown Anderson**
 13. Birthplace **Sweden**
 (City, town, or county) (State or foreign country)
 14. Maiden name **unknown**
 15. Birthplace **Sweden**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Karl O. Jansson.**
 (b) Address **5738 Walsh Ave.**

17. (a) **Cremation** (b) Date thereof **8-11-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**
 (b) Address **7233 Delman Blvd.**

19. (a) **AUG 8 1947** (b) **J. Biedeck**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **and**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2518 Clifton Ave.**
3 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **8**
 year **1947** hour **6:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 12 1947** to **Aug 7 1947**
 that I last saw her alive on **Aug 7 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Heat exhaustion** **2 d.**
ASD

Due to.....
 Due to.....

Other conditions **As. Heart Disease** **10 yrs**
 (Include pregnancy within 3 months of death)
Arteriosclerotic Heart Disease

Major findings:
 Of operations.....
 Of autopsy.....

PHYSICIAN

Underline the cause of 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 L. Horner** (M. D. or other) **M.D.**
 Address **114 W. Taylor St. Louis** Date signed **8-8-47**

1114 No. 100
#0 5071

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 Raymond L. Morris
Licensed Embalmer No. 4330
P. O. Address Maplewood, N.J.

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.