No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 21

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3066

State File No. 3345

Registrar's No. 272

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: Old Folks Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No.: 711 S. Kirkwood Rd. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Rosa T. Lundius
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 6
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January (Month) 31 (Day) 1874 (Year)

8. AGE: Years 73 | Months 11 | Days 25 | If less than one day: hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Retired
11. Industry or business:

FATHER
12. Name: Peter Lundius 4
13. Birthplace: Sweden (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Hannah Benson
15. Birthplace: Sweden (City, town, or county) (State or foreign country) 4

16. (a) Informant: Old Folks Home 1
(b) Address: 711 S. Kirkwood Rd. Kirkwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation: New Picker Cemetery
18. (a) Signature of funeral director: Louis H. Bopp, Inc.
(b) Address: 131 W. Argonne Dr. Kirkwood
19. (a) 1-29-48 (Date received local registrar) (b) Carl C. Haag M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th year 1948 hour 6 minute 20 P M.

21. I hereby certify that I attended the deceased from April 11, 1946 to January 26, 1948; that I last saw her alive on January 26, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	3 years
Arterial hypertension	3 years
Due to Carcinoma of liver	6 months
Hypostatic pneumonia	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN — Underline the cause of which death should be charged statistically.

Major findings:
Of operations:
Of autopsy:

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: Stanley M. Jones M.D. (M. D. or other)
Address: 508 N. Kirkwood Rd. Kirkwood, Mo. Date signed: 1/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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. 3634

P. O. Address Kirkwood 22 m

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.