

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26077  
Registrar's No. 966

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 12 Days		d. STREET ADDRESS (If rural, give location) 2908 Sacramento Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print) Frank	a. (First)	b. (Middle) G.	c. (Last) Holmstedt	4. DATE OF DEATH August 25, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH March 25, 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY C.B. & Q. RR. Ry.	11. BIRTHPLACE (State or foreign country) Omaha, Nebr.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Holmstedt	13b. MOTHER'S MAIDEN NAME Emma Carlson	14. NAME OF HUSBAND OR WIFE Louise
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 707-05-8734	17. INFORMANT'S SIGNATURE OR NAME Mrs Emma Holmstedt	ADDRESS 2908 Sacramento
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH 12 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertensive C.U. disease</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4301			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-13, 1950 to 8-25, 1950, that I last saw the deceased alive on 8-25, 1950, and that death occurred at 10:15A., from the causes and on the date stated above.

23a. SIGNATURE Scott C. Benson M.D.	23b. ADDRESS 510 Corby Bldg.	23c. DATE SIGNED 8/25/50
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 8-26-1950	24c. NAME OF CEMETERY OR CREMATORY St. Mary Nagdaline Cem.	24d. LOCATION (City, town, or county) (State) Omaha, Nebr.
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DATE REC'D BY LOCAL REG. Aug. 28, 1950	REGISTRAR'S SIGNATURE E. K. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Anderson	ADDRESS 1802 Union St
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ernest Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph, 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.