

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 6156  
1664

#117623

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) 25 OR TOWN St. Louis		2259
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis City Hospital #1.			d. STREET ADDRESS (If rural, give location) 1535a Market Street		
3. NAME OF DECEASED (Type or Print) LEO		a. (First)	b. (Middle) RAGNAR	c. (Last) GYLFE	4. DATE OF DEATH (Month) (Day) (Year) Jan. 14th, 1951
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan. 8, 1898	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Sweden 4		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Gylfe		13b. MOTHER'S MAIDEN NAME Caroline		14. NAME OF HUSBAND OR WIFE unknown	Elsae Gylfe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Hospital Records			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6 months
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		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? 163X				
22. I hereby certify that I attended the deceased from 1/4/51, 19, 12/14/51, 19, that I last saw the deceased alive on 1/14/51, 19, and that death occurred at 4:45am, from the causes and on the date stated above.					
23a. SIGNATURE (Type or Print) H. Pennington MD.		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 1/15/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-19-51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. FEB 10 1951	REGISTRAR'S SIGNATURE J. Blasette		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Morrell 4212 St. Louis Ave.		

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

working under my personal supervision.

Student Embalmer No. ....

Signed

*Wm S. Lalfen*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St Charles 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.