

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28996**

FILED AUG 23 1951

BIRTH NO. _____ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 4464 Registrar's No. 2824

1. PLACE OF DEATH a. COUNTY St. Louis <u>400 X</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston <u>4311</u>	
c. LENGTH OF STAY (in this place) 3 Years		d. STREET ADDRESS (If rural, give location) 6103 Lotus Ave <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Overland Restorium			

3. NAME OF DECEASED (Type or Print) Caroline Stenberg			4. DATE OF DEATH Aug 2 1951		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	
8. DATE OF BIRTH Aug 14 1870		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sweden <u>4</u>	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME ? Petersen		13b. MOTHER'S MAIDEN NAME Dont Know		14. NAME OF HUSBAND OR WIFE Gustaf Stenberg Dec	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gustaf Stenberg 6103 Lotus Ave	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terrnis of Pneumonia				3 days	
ANTECEDENT CAUSES		DUE TO (b) Heretral Hemorrhage		6 days	
DUE TO (c) Arterio sclerosis				year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X					

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)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from June 1, 1951 to Aug 2, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 10 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Roy A. Halibey M.D.		23b. ADDRESS Overland 14 MD		23c. DATE SIGNED 8-2-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 4 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	

DATE REC'D BY LOCAL REG. 8/3/51		REGISTRAR'S SIGNATURE Herbert G. Donker M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

W1 0256

Dr R.A. Walthers

2438 Woodson Rd

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 *Alfred J. Boedeker*
Licensed Embalmer No. *2163*

P. O. Address *1125 Hodiannet*

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.