

STANDARD CERTIFICATE OF DEATH

15069

State File No. 15069

FILED APR 19 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3869 Registrar's No. 967

1. PLACE OF DEATH
 a. COUNTY St Louis
 b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights
 c. LENGTH OF STAY (In this place) 2 years
 d. FULL NAME OF HOSPITAL OR INSTITUTION 7490 Ethel

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
 a. STATE Missouri b. COUNTY St Louis
 c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights
 d. STREET ADDRESS (If rural, give location) 7490 Ethel

3. NAME OF DECEASED
 a. (First) Alma b. (Middle) Eli zabeth c. (Last) Carlson
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
4 10 52

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 11/19/80 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 4 DAYS 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY XX 11. BIRTHPLACE (State or foreign country) Sweden 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Karl W. Karlson 13b. MOTHER'S MAIDEN NAME ? 14. NAME OF HUSBAND OR WIFE Oscar C. Carlson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 499-12-2663 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Arvid Carlson 7478 Ethel

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis 3 years
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION 4200 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None 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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from Oct '51, 19____, to 4/10/52, 19____, that I last saw the deceased alive on 4/10/52, 19____, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Gallagher M.D. 23b. ADDRESS 3903 Olive 23c. DATE SIGNED 4/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4/12/52 24c. NAME OF CEMETERY OR CREMATORY Memorial Park 24d. LOCATION (City, town, or county) (State) St Louis Mo.

DATE REC'D BY LOCAL REG. 4-11-52 REGISTRAR'S SIGNATURE Verhulst 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert J. Ambruster, Inc. 6633 Clayton

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

1005

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ernest W. Spillers

Signed.....

Student Embalmer

Licensed Embalmer No. *4080*

P. O. Address.....

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.