U.S. No. 300
Rev. 10-48

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

FILED OCT 1 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 33177

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8604

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2003 Schaeffer Pl.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2049
d. STREET ADDRESS (If rural, give location): 2003 Schaeffer Pl.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Fred
b. (Middle): Oscar
c. (Last): Lundberg

**4. DATE OF DEATH** (Month) (Day) (Year): Sept. 13, 1952

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Dec. 1st 1876
**9. AGE** (In years last birthday): 75 — If under 1 year: Months 9, Days 12 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work during most of working life, even if retired): Storeroom Clerk
**10b. KIND OF BUSINESS OR INDUSTRY**: Fulton Iron Wks.
**11. BIRTHPLACE** (City and State or Foreign Country): Sweden
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Carl Lundberg
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Emelia Lundberg

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: 497-03-1034
**17. INFORMANT'S SIGNATURE OR NAME**: Emelia Lundberg
**ADDRESS**: 2003 Schaeffer Pl. St. Louis Mo.

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) —
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**: —
**19b. MAJOR FINDINGS OF OPERATION**: —
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: — 443X

22. *I hereby certify that I attended the deceased from* Oct 16, 1950, *to* Sept 13, 1952, *that I last saw the deceased alive on* Sept 13, 1952, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Vincent Townsend MD
**23b. ADDRESS**: 3101 Sutton Ave Maplewood 17
**23c. DATE SIGNED**: 9-13-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 9/13/52
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Lebanon Cem.
**24d. LOCATION** (City, town, or county) (State): St. Louis Co. MO.

**DATE REC'D BY LOCAL REG.**: SEP 15 1952
**REGISTRAR'S SIGNATURE**: J. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: Jay B. Smith Funeral Home 7456 Manchester, Maplewood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 H. L. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.