

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9552**
Registrar's No. **2189**

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|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 2189 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Mo. b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (In this place) 1 week | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | d. STREET ADDRESS (If rural, give location) 2249 2931st Lemp Av. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Hamilton Nursing Home | | | | d. STREET ADDRESS (If rural, give location) 2249 2931st Lemp Av. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Arvid | | b. (Middle) Martin | | c. (Last) EK. | | 4. DATE OF DEATH (Month) (Day) (Year) May 8 1955 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | | 8. DATE OF BIRTH Aug. 31 1882 | |
| 9. AGE (In years last birthday) 67 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machineist Retired | | 11. BIRTHPLACE (State or foreign country) Sweden | | 12. CITIZEN OF WHAT COUNTRY? U.S.C. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machineist Retired | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Sweden | | 12. CITIZEN OF WHAT COUNTRY? U.S.C. | |
| 13a. FATHER'S NAME Klas Johan EK. | | 13b. MOTHER'S MAIDEN NAME Anna K. Sand | | 14. NAME OF HUSBAND OR WIFE none | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 495-26-9623 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Selma Ekman 4454 Neosho St. | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND 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) _____ | | 21f. HOW DID INJURY OCCUR? 152x | |
| 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"/> | | 22. I hereby certify that I attended the deceased from 3-1 ¹⁹⁵⁵ to 3-8 , 1955, that I last saw the deceased alive on 3-8 , 1955, and that death occurred at 3:30 p. m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Edward J. Berger MD. | | 23b. ADDRESS 457N. Kingshighway | | 23c. DATE SIGNED 3-9-55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 3-11-55 | | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | |
| DATE REC'D BY LOCAL REG. MAR 9 1955 | | REGISTRAR'S SIGNATURE Charles M. Witt | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bro. L. H. Co. 2929 S. Jefferson | | | |

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

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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

D. M. Davis

Licensed Embalmer No.

3741

P. O. Address

2929 So. Jefferson

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.