

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11001

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2809**

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		c. LENGTH OF STAY (In this place) 3 Yr. 3 Mo.		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 124 E. SCHIRMER STREET		e. STREET ADDRESS (If rural, give location) 124 E. SCHIRMER STREET 2019			
3. NAME OF DECEASED (Type or Print) a. (First) DIKEBJORG		b. (Middle) MARIE		c. (Last) KRAGMO	
4. DATE OF DEATH (Month) (Day) (Year) MARCH 17, 1956					
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
8. DATE OF BIRTH AUGUST 30, 1919		9. AGE (In years last birthday) 36		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY A & P STORES		11. BIRTHPLACE (City and State or Foreign Country) HARSTAD, NORWAY	
12. CITIZEN OF WHAT COUNTRY? NORWAY		13a. FATHER'S NAME ARILD KNUDSEN		13b. MOTHER'S MAIDEN NAME ALYILDE JONSEN	
14. NAME OF HUSBAND/OR WIFE EINAR KRAGMO		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME MR. EINAR KRAGMO		ADDRESS 124 E. SCHIRMER STREET			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast			
		INTERVAL BETWEEN ONSET AND DEATH 18 mo (2)			
		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 9-7-55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE? (Specify)		21b. PLACE OF INJURY (a.. 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 <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-20 1955, to 3-17 1956, that I last saw the deceased alive on 3-17 1956, and that death occurred at 2:40 P. m., from the causes and on the date stated above.					
23a. SIGNATURE Bernard Friedman		(Degree or title) M.D.		23b. ADDRESS 539 N. Grand	
23c. DATE SIGNED 3-19-56		24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 3-18-56	
24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CREMATORY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI			
DATE REC'D BY LOCAL REG. MAR 19 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN FUNERAL HOME	
		ADDRESS 1936 ST. LOUIS			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48



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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 48

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.