

43871

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED JAN 15 1957

318

1003

11575

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.							
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) St. Louis,		c. LENGTH OF STAY (in this place) 26 Months		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home for the Aged-3400 So. Grand 760 3400 So. Grand.,				e. STREET ADDRESS (If rural, give location)											
3. NAME OF DECEASED (Type or Print) a. (First) Edward			b. (Middle) A.			c. (Last) Shostrand,			4. DATE OF DEATH (Month) (Day) (Year) December 15, 1956						
5. SEX Male.		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced.		8. DATE OF BIRTH January 11, 1877		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marble & Tile Setter				10b. KIND OF BUSINESS OR INDUSTRY Retired 19 Years,		11. BIRTHPLACE (City and State or Foreign Country) / Minneapolis, Minnesota.				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME John P. Shostrand,				13b. MOTHER'S MAIDEN NAME Christena Johanson,				14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 489-03-7906		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Evelyn F. Fohrell, 2125 Gasconade 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, arteria, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Dis.				INTERVAL BETWEEN ONSET AND DEATH yr.							
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Sen. Arteriosclerosis				yr.							
				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 420.0						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) St. Louis, Mo											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT 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 Jan, 1956, to 12/15/56, 19___, that I last saw the deceased alive on 12/10/56 19___, and that death occurred at 10:00P M., from the causes and on the date stated above.															
23a. SIGNATURE R. Amerera Ind.				(Degree or title)				23b. ADDRESS 539 N. Grand				23c. DATE SIGNED 12/17/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,		24b. DATE 12/19/56		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery,				24d. LOCATION (City, town, or county) (State) LeMay, Mo.							
DATE REC'D BY LOCAL REG. DEC 17 1956		REGISTRAR'S SIGNATURE Carl Smith MA				25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,				ADDRESS 2842 Meramec St., St. Louis, 18, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

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^{me}....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No.....4249

2842 Meramec

P. O. Address.....St.,Louis,Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.