

STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2619

1. PLACE OF DEATH a. COUNTY St. Louis. b. CITY OR TOWN Normandy c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Peoria c. CITY OR TOWN Peoria d. STREET ADDRESS 1105 West First St. 3. NAME OF DECEASED Marie Lundholm 4. DATE OF DEATH Oct. 20, 1957 5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Feb. 27, 1888 9. AGE (In years last birthday) 69 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Morton, Illinois. 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13a. FATHER'S NAME Christian Waldbeser 13b. MOTHER'S MAIDEN NAME Catherine Jacob 14. NAME OF HUSBAND OR WIFE Carl A. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. Nil. 16. SOCIAL SECURITY NO. None 17. INFORMANT Address Walter Lundholm, 5619 Sanborn, Dr. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure Cerebral Hemorrhage Hypertensive Cardiovascular Disease DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE 21. I attended the deceased from 10/19/57 to 10/20/57 and last saw her alive on 10/20/57 Death occurred at 12:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) W.O. Gardner 22b. ADDRESS 2917 Airport Rd. Peoria, Ill. 22c. DATE SIGNED 10/21/57 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 10-20-57 23c. NAME OF CEMETERY OR CREMATORY Swan Lake Cemetery 23d. LOCATION (City, town, or county) (State) Peoria, Illinois. 24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington. 25. DATE RECD. BY LOCAL REG. 10-22-57 26. REGISTRAR'S SIGNATURE Herbert R. Deane MD

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Illinois St. Louis
 Peoria X Normandy
 1102 West First St. Normandy Osteopathic Hospital
 Oct. 20, 1924 Marie
 X
 Feb. 27, 1888 Female White
 At Home Housewife
 U.S.A. Morton, Illinois Catherine Wildberger
 Carl A. Catherine Jacob
 Walter Lundholm, 5019 Sandborn, Dr. None Mrs. No.

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 *Stanley H. Dison*
 Licensed Embalmer No. *4193*
 P. O. Address *H. D.*

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. Removal
 If this body is not embalmed, fact should be so stated above.
 Albert H. Hope 1100 Washington