

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015635

STATE FILE NUMBER

FILED APR 18 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3824

300
-57
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Marion 8120	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Salem Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 421 N. Broadway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last KENNETH ERLAND CARLSON			4. DATE OF DEATH Month Day Year APRIL 3, 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-30-1923
9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed		10b. KIND OF BUSINESS OR INDUSTRY Bowling Alley	11. BIRTHPLACE (City and state or country) Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John E. Carlson	
13b. MOTHER'S MAIDEN NAME Katherine Ericson		14. NAME OF HUSBAND OR WIFE Katheryn Carlson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 359-16-4016	17. INFORMANT Katheryn Carlson - Salem, Illinois Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>RODGKIN'S DISEASE</u>			INTERVAL BETWEEN ONSET AND DEATH 4 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) <u>DIABETES MELLITUS 4 YEARS</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 201X	
20c. TIME OF INJURY Hour Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Death occurred at <u>MARCH 7, 1958</u> to <u>APRIL 3, 1958</u> and last saw her alive on <u>APRIL 3, 1958</u> <u>5:25 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. J. Vermillion, M.D.</i> M. D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 4/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-5-58	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Salem, Illinois
24. FUNERAL DIRECTOR <i>John J. Vandy</i> E. St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. APR 5 58	26. REGISTRAR'S SIGNATURE <i>Earl Smith - MD</i> acm

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

MAY 16 1958

MAY 2 1958

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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph J. Kelly

Licensed Embalmer No. 7541

P. O. Address E. 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.