

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036892

STATE FILE NUMBER

FILED NOV 14 1958

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 97

S. 300 #
v. 1-57

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

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-MERAMEC		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Louis 21890		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hill Inf. 612 4th St		Length of stay in lb	d. STREET ADDRESS (If outside give location) 1024 So. XUKSANKAWAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First AMEL Middle R Last CARLSON			4. DATE OF DEATH Month October Day 31 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1884 JANUARY 26, 1908		9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PURCHASING AGENT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or county) STEPHENSON, Michigan	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ANDREW F. CARLSON		13b. MOTHER'S MAIDEN NAME CHARLOTTE NORKIN		14. NAME OF HUSBAND OR WIFE LILLIAN EVAARD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war dates of service) NO NONE		16. SOCIAL SECURITY NO. 315-10-3511		17. INFORMANT Bro. Roch St. Josephs Hill Infirmary Address 350X	
18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PARKINSON DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) SENILITY 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 6/3/52 to 10/31/58 and last saw him alive on 10/31/58 Death occurred at 5:15 P.M. 10/31/58 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. J. Warder, M.D.			22b. ADDRESS St. Josephs Hill Infirmary		22c. DATE SIGNED 11/1/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-2-1958	23c. NAME OF CEMETERY OR CREMATORY Graceland Cem.		23d. LOCATION (City, town, or county) (State) Chicago, Ill.
24. FUNERAL DIRECTOR Pfitzinger Mort-Kirkwood 22, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REC. 11-1-58	26. REGISTRAR'S SIGNATURE Robert E. Bauer

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DATE RECEIVED
NOV 12 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 Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Ben E. Hoffmann*

Licensed Embalmer No. *4368*
P. O. Address *Hoffmann & Co.*

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.