

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

2 2825 60-012669  
STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN University City
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 8242 Montreal

3. NAME OF DECEASED (Type or print) MR. GUNNAR ALBERT HALLEN			4. DATE OF DEATH March 9, 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/22/88	9. AGE (last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Production Eng. (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Wagner Elec. Co	11. BIRTHPLACE (City and state or country) Nebraska	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Gustaf Hallen		13b. MOTHER'S MAIDEN NAME Hilda Johnson		14. NAME OF HUSBAND OR WIFE None
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. 492-09-5929	17. INFORMANT Miss Hildegard Hallen 8242	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute anterior coronary thrombosis</u>			1 hour +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Post coronary occlusion</u>		4201H 2 yrs +
	DUE TO (c) <u>Right bundle branch block - Arteriosclerotic</u>		2 yrs +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cholelithiasis 2 Post operative 1 year</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<u>carcinoma sigmoid colon - malignant polyps - 1 year</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.) Snow shovelling. Died on arrival St. Luke's Hospital	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
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 1949 to March 9, 1960 and last saw <sup>him</sup> alive on March 7 1960  
Death occurred at March 9, 1960 1:02 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. Fredes. Clark</u>		(Degree or title) M.D.	22b. ADDRESS <u>864 Hamilton Blvd. St. Louis 12, Mo</u>	22c. DATE SIGNED <u>3-9-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<u>Cremation</u>	<u>3/12/60</u>	<u>Valhalla Crematory</u>		<u>St. Louis Co, Missouri</u>
24. FUNERAL DIRECTOR <u>Alexander &amp; Sons 6175 Delmar Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 10 1960</u>		26. REGISTRAR'S SIGNATURE <u>Keal Smith M.D.</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed jos. E McCulloch

Licensed Embalmer No. 276

P.O. Address 6150 PL

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.