

DEC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5186

Do not use this space.

i. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **1879**
 or **St. Louis**
 (c) City (d) Street No. **Central Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *634* **Sofia Christian Berglund**

(a) Residence, No. **1517 Deer St.** St. **11** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Late August Berglund**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 19, 1864**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 5 6

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Sweden** (STATE OR COUNTRY) **17**

FATHER
 13. NAME **Unknown Von Osterberg** **7**

14. BIRTHPLACE (CITY OR TOWN) **Sweden** (STATE OR COUNTRY) **17**

MOTHER
 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) **Sweden** (STATE OR COUNTRY)

17. INFORMANT **Gustave A. Berglund** (ADDRESS) **Beverly Hills Calif.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mo. Crematory** DATE **2-28** 1939

19. FUNERAL DIRECTOR (NAME) **Kriegerhauser Mortuary** (ADDRESS) **4228 So. Kingshighway**

20. FILED **J.D. Prudek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-25** 1939

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 24**, 1939, to **Feb 25**, 1939
 I last saw her alive on **Feb 25**, 1939. Death is said to have occurred on the date stated above, at **10:45 P.M.**
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver Date of onset Indefinite
Secondary to carcinoma of bladder

Other contributory causes of importance:
Cholelithiasis Indefinite

Name of operation **Exploratory** Date of **2-19-39**
 What test confirmed diagnosis? **Exploratory** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) **John W. Hymel** M.D.
 (Address) **Metropolitan Bldg** St. Louis

FEB 27 1939

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Hayward
Metrop H/D/S

2-4

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edwin M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.