

3-40  
7-39  
X23159

Registration District No. **7911**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Days  
(Specify whether  In this community years, months or days)

3. (a) PRINT FULL NAME

Hilmer Carl Carlson

3. (b) If veteran, name war

no

3. (c) Social Security No.

497-05-3428

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Carlson

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Apr. 22 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>6</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Moline Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Iron Worker

11. Industry or business \_\_\_\_\_

12. Name Carl H. Carlson

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Carlson

(b) Address 2312 S. 13th St.

17. (a) Burial (b) Date thereof 11-20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem. with Bro. L. & S. Co.

18. (a) Signature of funeral director J. F. Budeck  
(b) Address 2929 S. Jefferson Av.

19. (a) NOV 19 1940 (Date received local registrar)  
(b) \_\_\_\_\_ (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2312 S. 3rd St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17,  
year 1940 hour 6:31 minute \_\_\_\_\_ A. \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from November 7, 1940 November 17, 1940,  
that I last saw h. im alive on November 17, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Possible carcinoma with primary site probably in gastro-intestinal tract  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations NO

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Budeck (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Ave. Date signed 11/18/40

FILED DEC 11 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

*Paul A. Shanklin*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *2929 S. ...*

**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, fact should be so stated above.**