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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 8 1941

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43825

State File No. _____

Primary Registration District No. 200

Registrar's No. 2481

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Carondelet Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 38 Days
(Specify whether in this community years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1628-a Texas
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME GERTRUDE BLOMGREN

(b) If veteran, name war NO (c) Social Security No. 488-18-6824

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29 year 40 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from 7-1-1939 to 12-29-1940 that I last saw her alive on 12-29-1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to 23

Other conditions Tuberculosis of Larynx
(Include pregnancy within 3 months of death)
Tuberculous Peritonitis

Major findings: Of operations
Of autopsy Conferm above

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 24 Months 7 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Sullivan MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Luther D. Imnehuss

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

14. Maiden name Ernest Lemann

15. Birthplace Kirkwood MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Blomgren

(b) Address 1628-a Texas

17. (a) Burial (b) Date thereof 12-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Benjamin D. ...

(b) Address 1936 St. Louis Ave.

19. (a) DEC 30 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____

Address Robert Koch Hosp. Date: signed 12-30-40

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

John J. Krupar

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.