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17-39
X23159

FILED MAY 13 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3616**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2723 Allen Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Minnie Carlson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Charles Carlson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 15th 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 5 12 hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Fred Kaune

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

14. Maiden name Unknown

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

16. (a) Informant Arthur C. Carlson

(b) Address 7344 Country Club

17. (a) Burial (b) Date thereof 4-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshausler Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 28 1941 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")
(d) Street No. 2723 Allen Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 27th day
year 1941 hour 7:55 minute P. M.

21. I hereby certify that I attended the deceased from about 2 yrs
_____ 19____ to _____ 19____;
that I last saw her alive on April 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis 2 yrs
Due to Acute Endocarditis 2 1/2 yrs

Due to _____
Chronic Interstitial Nephritis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
13/15

Duration
2 yrs
2 1/2 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

23. Signature Theo. J. Reil (M. D. or other) _____
Address 7465 Hazel Date signed 4/28/41

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

MOTHER FATHER

7465 Jda32L
Jhe 1473 1471

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 Reinhald H. Lohman

Licensed Embalmer No. 3395

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, fact should be so stated above.