

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

4127

State File No.

Registrar's No.

1747

Registration District No.

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..... 16 Days
(Specify whether years, months or days)
 In this community..... 55yrs.

3. (a) PRINT FULL NAME Gus Bredberg3. (b) If veteran, name war..... Unknown 3. (c) Social Security No..... Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced..... Widower
 6. (b) Name of husband or wife..... Unknown 6. (c) Age of husband or wife if alive..... Unknown years

7. Birth date of deceased..... August 14, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>5</u>	<u>7</u>	hr. min.

9. Birthplace..... Sweden
(City, town, or county) (State or foreign country)10. Usual occupation..... Nil.11. Industry or business..... Nil.

MOTHER FATHER
 { 12. Name..... Unknown 9
 { 13. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)
 { 14. Maiden name..... Unknown 9
 { 15. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... Anna Morrison
 (b) Address..... St. Louis City Hospital #1.17. (a) Burial (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... City Cemetery18. (a) Signature of funeral director..... W. J. White(b) Address..... City Hospital No. 119. (a) FEB 25 1942 (b) J. P. Bredberg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 25-000
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No..... 822 North Eighteenth St.
(If rural, give location)
 (e) Citizen of foreign country?..... Sweden (Yes or No)
 If yes, name country..... Sweden

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21,
 year 1942 hour 10:40 minute A. M.21. I hereby certify that I attended the deceased from February
5, 1942 to February 21, 1942that I last saw him alive on February 21, 1942
 and that death occurred on the date and hour stated above.Immediate cause of death..... Intermittent Arteriosclerosis
of Aorta

Due to.....

Due to.....

Other conditions..... 96
(Include pregnancy within 3 months of death)Major findings:
 Of operations.....Of autopsy..... alive +
intermittent

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..... M. J. Bredberg (M. D. or other)
 Address..... 1515 Lafayette Avenue Date signed..... 2/21/42

61721

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.....

Licensed Embalmer No.....

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.