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5-5-42  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22847

State File No.

Registrar's No.

FILED JUL 24 1943

Registration District No.

Primary Registration District No.

1003

6321

318

1. PLACE OF DEATH:

(a) County.....  
(b) City or town.....  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Missouri Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 weeks**  
(Specify whether  
In this community **50 years**  
years, months or days)

3. (a) PRINT FULL NAME **Oscar Julius Carlson**

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**  
6. (b) Name of husband or wife **Sophia Bengson** 6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased **May 31 1870**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**73 1 10** hr. min.

9. Birthplace **Falkenberg Sweden 4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Refrigerating Engineer**

11. Industry or business **Merchants Ice & Coal Co.**

MOTHER FATHER { 12. Name **Carl Johnson**  
13. Birthplace **Sweden 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Agnes Carlson**  
(b) Address **3915 Fairview**

17. (a) **Burial** (b) Date thereof **July 13, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **Beiderwieden Fun'l. Home**

(b) Address **1936 St. Louis Ave**

19. (a) **JUL 12 1943** (b) **J. F. Bredush**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3915 Fairview**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July 11** day  
year **1943** hour **2** minute **15** a. m.

21. I hereby certify that I attended the deceased from **April 18**  
**1943** to **July 11** **1943**  
that I last saw him alive on **July 10** **1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of stomach 6 months**

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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

23. Signature **William A. Grant** (M. D. or other) **W.A.O.**  
Address **W. N. Taylor Ave** Date signed **7/13/43**

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

**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.**