

FILED NOV 18 1944
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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution lmo-4days
(Specify whether
In this community
years, months or days)

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. 2102 Lafayette
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Selma Bonde

3. (b) If veteran,
name war. --

3. (c) Social Security
No. --

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if
alive years

7. Birth date of deceased June 29, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 4 0 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Ederhardt Linstedt

13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

14. Maiden name Caroline ----

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer L. Lenz 1

(b) Address 210 Wainwright Bldg. 1

17. (a) Cremation (b) Date thereof 10-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Beatz Bros.

(b) Address 3029 Lafayette Ave.

19. (a) OCT 30 1944 J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29th
year 1944 hour 8:05 minute A. M.

21. I hereby certify that I attended the deceased from 9/25/44
to Oct. 29th, 19 44
that I last saw her alive on Oct. 29th, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death

B. anthropneumonia

Duration

8 days

Due to

Due to

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy refused

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) (2) Means of injury 0

23. Signature J. D. Lenz Jr. (M. D. or other) 10/30/44
Address 1515 Lafayette Date signed

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Frank J. Orsina*

Licensed Embalmer No. *7245*

P. O. Address..... *Stennis, Miss*

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.