No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 8 1948

Registration District No. 1897

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 7295

Registrar's No. 426

1. PLACE OF DEATH:
(a) County: ST LOUIS
(b) City or town: RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST MARYS HOSPITAL O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 DAYS (Specify whether years, months or days)
In this community: 30 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: ST LOUIS 96
(c) City or town: KIRKWOOD 4
(If outside city or town limits, write "RURAL")
(d) Street No.: 349 N WOODLAWN 3
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME: CORNELIA EDITH GULBRANDSEN
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: VN GULBRANDSEN
6. (c) Age of husband or wife if alive: 36 years
7. Birth date of deceased: SEPT (Month) 3 (Day) 1914 (Year)

8. AGE: Years 33 | Months 5 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace: ST LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business: —

FATHER
12. Name: WILLIAM GREEN
13. Birthplace: ST LOUIS (City, town, or county) MO (State or foreign country) O

MOTHER
14. Maiden name: CORNELIA WILLIAMS
15. Birthplace: MARSHFIELD (City, town, or county) MO (State or foreign country) O

16. (a) Informant: Wayman Green
(b) Address: 103 Parkland
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof: 2-16-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: VALHALLA CREMATORY
18. (a) Signature of funeral director: Parker Und. Co
(b) Address: Webster Groves, Mo.
19. (a) 2-16-48 (Date received local registrar) (b) Cecil A. Sharpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 48 hour ... minute 11:30 A.M.

21. I hereby certify that I attended the deceased from June 1, 1940, to Feb 13, 1948; that I last saw h. alive on Feb. 12, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	4 hrs.
Due to: 150 C	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Pregnancy Live birth	
Major findings: Rheumatic heart disease	
Of operations:	
Of autopsy: Subarachnoid hemorrhage	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: O

23. Signature: Carl E. Rutledge (M. D. or other) M. D.
Address: Kirkwood Mo Date signed 2-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1948

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo

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.