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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

27762
State File No. _____
Registrar's No. **7028**

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**

(c) Name of hospital or institution:
4725 Natural Bridge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether _____)

In this community _____
years, months or days

3: (a) PRINT FULL NAME **Charles O. Gustavson (Davison)**

3: (b) If veteran, name war **None**

3: (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6: (a) Single, widowed, married, divorced **Married**

6: (b) Name of husband or wife **Margaret Gustavson nee O'Prien**

6: (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **May 5, 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 **3** **4** hr. min.

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

10. Usual occupation **Painter**

11. Industry or business _____

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16: (a) Informant **Mrs Margaret Gustavson**

(b) Address **4725 Natural Bridge**

17: (a) **Burial** (b) Date thereof **8/11/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18: (a) Signature of funeral director **Math Hermann & Son, Inc.**

(b) Address **2161 East Fair Ave**

19: (a) **AUG 10 1948** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17**

(d) Street No. **4725 Natural Bridge**
(If rural, give location) **9**

(e) Citizen of foreign country? _____ (Yes or No) **0**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **9th**
year **1948** hour **2:20 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **6-4-48** to **8-8-48**
that I last saw him alive on **8-8-48**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage**
Chr. Myocarditis
Hypertension
Alpharitis (Chr)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **12/11/48**

Duration

8-8-48

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)

23. Signature **J. F. Budeck** (M. D. or other) **MD**

Address **4885 Natural Bridge** Date **8-10-48**

Hand

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 *William G. Buehler*

Licensed Embalmer No. *26100*

P. O. Address. *St. Louis 9*

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.