

FILED MAY 27 1950

#111457

## STANDARD CERTIFICATE OF DEATH

1003

State File No. 18094

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 4485

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (In this place) 3 Days	c. CITY (If outside corporate limits, write RURAL and give township) 25 <sup>th</sup> St. Louis		d. STREET ADDRESS (If rural, give location) 1534 Market St.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			d. STREET ADDRESS (If rural, give location) 1534 Market St.		
3. NAME OF DECEASED (Type or Print)		a. (First) GEORGE	b. (Middle) E.	c. (Last) DAHLSTROM	4. DATE OF DEATH (Month) (Day) (Year) May 17th, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 20, 1874	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John F. Dahlstrom		13b. MOTHER'S MAIDEN NAME Louise Johansen		14. NAME OF HUSBAND OR WIFE Louise Dahlstrom	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S (SIGNATURE OR NAME AND ADDRESS) Mrs. Nell Ferree Woodruff			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) gen. arteriosclerosis DUE TO (c) Arteriosclerotic Heart Disease  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days  many years  unknown?
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR H250			
22. I hereby certify that I attended the deceased from 5/14/50 to 5/17/50, 19, that I last saw the deceased alive on 5/17/50, 19, and that death occurred at 6:45 am, from the causes and on the date stated above.					
23a. SIGNATURE Mary D. Buhlis, M.D. U			23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 5/18/50
24a. BURIAL/ CREMATION, REMOVAL (Specify) Burial	24b. DATE May 20, 1950	24c. NAME OF CEMETERY OR CREMATORY Alton City	24d. LOCATION (City, town or county) (State) Alton Madison Ill.		
DATE REC'D BY LOCAL REG. MAY 19 1950	REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Robert H. Streep		ADDRESS Alton, Illinois

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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~~

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed..... *Robert H. Streeper*

Licensed Embalmer No. *2474*

P. O. Address *Alton, Ill.*

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.