

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 39851

318

1003

Registrar's No. 10387

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
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) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) 10 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 4919 Natural Bridge Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) Elsie		b. (Middle) Kall		c. (Last) Varwig		4. DATE OF DEATH (Month) (Day) (Year) Nov. 20th, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 19th, 1873		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Stockholm, Sweden U		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Rundberg			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Frank Varwig		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Leroy Kall, 4016a Castleman Avenue			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Arteriosclerosis of Heart Disease</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Dehydration Malnutrition</i> DUE TO (c) <i>Cerebral Hemorrhage</i>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <i>2 hrs</i>  <i>1 day</i>	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) B		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) 0		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR? <i>260X</i>			
22. I hereby certify that I attended the deceased from <i>10 Nov, 1951</i> , to <i>20 Nov, 1951</i> , that I last saw the deceased alive on <i>20 Nov, 1951</i> , and that death occurred at <i>4 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>A. K. Carter M.D.</i>				23b. ADDRESS <i>634 N Grand</i>		23c. DATE SIGNED <i>11/21/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/23/51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.	
DATE REC'D BY LOCAL REGISTRY NOV 23 1951		REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.			

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

Ms Theatre Body  
2 to 4 pm

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph E Lindus

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.