No. 300
10.48

FILED DEC 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39181

BIRTH NO. — REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 399

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN St. Francois Twp.
c. LENGTH OF STAY (In this place) 4y, 1m, 22d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. State Hosp. #4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Wellston 14, Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 6437 Chatham

4301/1

3. NAME OF DECEASED (Type or Print)
a. (First) EDITH
b. (Middle)
c. (Last) SUNDBERG

4. DATE OF DEATH (Month) Nov. (Day) 9 (Year) 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 12, 1892
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR: Months 5, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City, and State or Foreign Country) Sweden (has been naturalized)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Magnes Johnson
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Oscar F. Sundberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Records, State Hosp. #4. **ADDRESS** Farmington, Mo.

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* (a) Coronary occlusion - - - - instantaneously. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease - - — Unknown.
DUE TO (c) 420.0

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Psychosis with cardio renal disease.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 17, 19 52, *to* Nov. 9, 19 56, *that I last saw the deceased alive on* Nov. 9, 1956, *and that death occurred at* 3:05a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John A. Brennan MD.
23b. ADDRESS State Hospital No.4, Farmington, Mo.
23c. DATE SIGNED 11-9-56.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 12, 1956
24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cem.
24d. LOCATION (City, town, or county) (State) St. Charles Rock Rd. at Lindbergh, St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. Nov. 9, 1956
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Shepard Funeral Home, 1167 Hamilton St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

2

89

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 408

P. O. Address Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.