WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 - 3 p. m.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31744

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 8987

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis Mo. (No. 2726 Eads St. ..... Ward)

2. FULL NAME August Nord

(a) Residence. No. 2726 Eads St., 23 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida S. Nord

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5 - 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	8	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Shoeworker
(b) General nature of industry, business, or establishment in which employed (or employer) ——
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Sweden

PARENTS

10. NAME OF FATHER — Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Sweden
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Sweden

14. INFORMANT Ida S. Nord
(Address) 2726 Eads Ave

15. FILED ....., 19.. Neil C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 - 1928

17. I HEREBY CERTIFY, That I attended deceased from July 29, 1928, to Sept 6, 1928, that I last saw ..... alive on Sept 5, 1928, and that death occurred, on the date stated above, at 4.40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46 Carcinoma of stomach

97 44 A

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) St Louis Schuchat, M. D

Sept 6, 1928 (Address) 2200 Chouteau ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
New St Marcus Cem	9-8 1928

20. UNDERTAKER	ADDRESS
Peetz Bros 3029	Lafayette