

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

Do not use this space.

20661

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City Kirkwood (No. 407 Couch Ave) St. _____ Ward _____

2. FULL NAME Simon P Niberg
 (a) Residence, No. 407 Couch Ave Kirkwood Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-17-1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 10 13
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway
 13. NAME Peter Niberg
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sudan
 15. MAIDEN NAME Johanne N Gerlovanson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway
 17. INFORMANT Patricia Overland
 (ADDRESS) 407 Couch Ave. Kirkwood
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Valhalla Crem. DATE 7-2 1932
 19. UNDERTAKER Lucia N. Boft
 (ADDRESS) Kirkwood Mo
 20. FILED 7/1 1932 P. E. Bamer M.D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29-1932
 22. I HEREBY CERTIFY, That I attended deceased from June 26th, 1932 to June 29th, 1932
 I last saw him alive on June 29th, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset June 26
10 1/2
9 1/2
 Other contributory causes of importance: Valvular disease of heart 4 years
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Herman J. Dimpfling, M. D.
 (Address) 12006 Adams, Kirkwood

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 27 1932

AGB and as stated EXACTLY. PHYSICIAN
Exact statement of OCCUPATION is v

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis
Township Porthomme
City St. Louis (No.)

Registration District No. 785-
Primary Registration District No. 6031

File No.
Registered No. 125-
St. Ward)

2. FULL NAME

Simon O. Wiberg

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 8/6 1932 F. C. Barnett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from

to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the day stated above, at..... m.
The principal cause of death and related causes of importance were as follows:

108 X
Other contributory causes of importance:
Valvular disease of heart
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed)....., M. D.
(Address).....

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAWS.

5-20661