

1350 JUN 14 1939

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

18063
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township Washington Primary Registration District No. 1001
(c) or City St. Joseph (d) Street No. 1513 Faraon St.
(e) Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. (f) How long in U.S., if of foreign birth? 40 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

632 Charles Agusta Nordstrom
(a) Residence, No. 1513 Faraon St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1871.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 9 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. General work
10. Date deceased last worked at this occupation, (month and year) 11. Total time (years) spent in this occupation 2

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

FATHER 13. NAME Adolph Nordstrom

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

MOTHER 15. MAIDEN NAME Sophia ???

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

17. INFORMANT (ADDRESS) Mrs. Ellen Nordstrom
1513 Faraon St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery
St. Joseph, Mo. DATE May 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.O. Sidenfaden & Son
1802 Union St. St. Joseph, Mo.

20. FILED May 15 1939 A. J. Zetterbach
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1939.

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1938 to May 14, 1939
I last saw him alive on May 12, 1939 Death is said to have occurred on the date stated above, at 11:45 AM

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 8.2.38

Other contributory causes of importance arterio sclerosis

Name of operation clinical Date of no

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) A. J. Smith M. D.
(Address) Phy + Surg Bldg. St. Joseph, Mo.

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.

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~~.....
..... **Elbert E. Harrington**, Registered Apprentice No. ~~*****~~,
working under my personal supervision.

Signed *Elbert E. Harrington*.....
..... Licensed Embalmer No. **3258**.....

..... P. O. Address **1802 Union Str. St. Jose**.....

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, above space should be left blank.