U. S. No. 2
10M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16503

FILED JUN 22 1942

Registration District No. 791 Primary Registration District No. 1002 Registrar's No. 5074

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2Mos. 7Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1728 S. 10th. St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elof Nordfelt

3. (b) If veteran, name war No

3. (c) Social Security No. 488-01-6387

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Mch. (Month) 10 (Day) 1872 (Year)

8. AGE: Years 70 Months 3 Days 0 If less than one day hr. min.

9. Birthplace (City, town, or county) Sweden (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Sweden (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Sweden (State or foreign country)

16. (a) Informant Anna Nordfeld
(b) Address 1728 S. 10th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.

19. (a) JUN 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10, year 1942 hour 9:10 minute A. M.

21. I hereby certify that I attended the deceased from April 3, 1942, to June 10, 1942, that I last saw him alive on June 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Hallerly (M.D. or other)

Address 1515 Lafayette Avenue Date signed 6/10/42

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence Lochow, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence Lochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec

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.