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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 18 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4325

Registration District No. 318 | Primary Registration District No. | Registrar's No. 1063

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether years, months or days) In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 824 Goodfellow (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DANIEL A NYLANDER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Florence Sturdy Nylander

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October (Month) 16 (Day) 1869 (Year)

8. AGE: Years 73 | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace Hoetlanda, Sweden (City, town, or county) 4 (State or foreign country)

10. Usual occupation Mfg. Agent

11. Industry or business Furniture

MOTHER FATHER

12. Name Gustave Nulander

13. Birthplace Unknown (City, town, or county) Sweden 4 (State or foreign country)

14. Maiden name Mary Unknown

15. Birthplace Unknown (City, town, or county) Sweden 4 (State or foreign country)

16. (a) Informant Mrs. D.A Nylander
(b) Address 824 Goodfellow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) MAY 10 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1943 hour 4 minute A M.

21. I hereby certify that I attended the deceased from April 30 1943 to May 9 1943 that I last saw him alive on May 8 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction — Duration 10 Days
Due to Carcinoma of Sigmoid, Caecum and Bladder
Due to Primary site sigmoid — 8 Months
Other conditions Gall Stones
(Include pregnancy within 3 months of death)
Operation May 3 '43.
Major findings: Of operation Carcinoma of Sigmoid Caecum & Bladder
Of autopsy Same as above with gangrene of colon

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) No
(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 Chas E Friedman (M. D. or other) MD
Address 3730 Washington Date signed 5/9/43

(Licensed Embalmer's Statement on Reverse Side)

OCT 22 1943

FEB 7 1944

FEB 18 1944

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jos. E. McCullah

Licensed Embalmer No. 2462

P. O. Address 6175 Delmar

St Louis Mo.

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.