. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38573

FILED NOV 17 1945

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2598

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community ? years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St.Louis 96

(c) City or town Pine Lawn 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3730 Sylvan Place 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Dorris V. Nyberg

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ned Nyberg

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased February 4, 1917. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
28	9	6	hr. min.

9. Birthplace Milan, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Henry C. Burnham
13. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nevis Harvey
15. Birthplace Browning, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ned Nyberg
(b) Address 3730 Sylvan Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.13,1945. (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director Calvin F.Feutz Funeral Home
(b) Address 4328 Natural Bridge Blvd.

19. (a) 11-14-45 (Date received local registrar) (b) E.G. McGanan M.D. (Registrar's signature) 250

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th year 1945 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from May 10 19 May 10, 1945, to Nov 9, 1945; that I last saw her alive on Nov 9, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Breast Metastasis general

Due to 50

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Breast
Of autopsy Generalized metastasis

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 W. Leighton (M. D. or other) M.D.
Address 3720 Washington Blvd Date signed 11/10/45

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1953

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 Ralph Lindus

Licensed Embalmer No. 4275

P. O. Address 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.