

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

Do not use this space.

42321

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis (No. 4705, Margaretta Ave.)

Registration District No. 791
 Primary Registration District No. 1003

File No.....
 Registered No. 12210 St. Ward)

2. FULL NAME Bessie Nyström

(a) Residence, No. 4705 Margaretta Ave. 7 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
 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) Sweden

FATHER 13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Adolph Ekstrand (ADDRESS) 4705 Margaretta Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Dec. 11 1931

19. UNDERTAKER Geo. P. Plitach, Inc. (ADDRESS) 5266-68 Eastern Ave.

20. FILED DEC -9 1931 M. V. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8 1931

22. I HEREBY CERTIFY, that I attended deceased from Oct 1 1931 to Dec 8 1931

I last saw her alive on Dec 7 1931 Death is said

to have occurred on the date stated above, at 1130 A.M.

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

Carcinoma of Stomach Date of onset Oct 1 1931

Other contributory causes of importance: 463 36 H6B

General Sepsis Nov 5 1931

Name of operation..... Date of.....

What test confirmed diagnosis? X-ray Was there an autopsy? No

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) O. C. Raines, M. D.

(Address) 320 Mitro Bldg

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.

Dr. G. H. [unclear]
and [unclear]