

FILED MAR 17 1942
Registration District No. 794

Primary Registration District No. 1003

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:
4742 Rosalie Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether _____)
In this community 50 Years
(years, months or days)

3. (a) PRINT FULL NAME Emma C. Nyflot

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Nyflot
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 20, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 22
If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Nels Nilsson

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Edwin R Pillep

(b) Address 5414 W. Florissant Ave

17. (a) Burial (b) Date thereof 2/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) FEB 19 1942 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 7 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4742 Rosalie Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11,
year 1942 hour 11:15 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 14 1942 to Feb. 7 1942
that I last saw her alive on Feb. 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Basal Cell Carcinoma
Duration 2 yrs.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. P. Wilson (M. D. or other) MD
Address 4362 W. name Date signed 2/13/42

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 William G. Buchholz
Licensed Embalmer No. 2160
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.