

FILED JUN 26 1946

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 **1728a S. 10th. St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wood**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **2317**
(d) Street No. **1728a S. 10th. St.** (If rural, give location) **?**
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Helen Louise Nordfeldt**

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **February 9, 1904**
(Month) (Day) (Year)

8. AGE: Years **42** Months **3** Days **3** If less than one day hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

12. Name **Elof Nordfeldt**

13. Birthplace **Sweeden** (City, town, or county) (State or foreign country) **4**

14. Maiden name **Anna Anderson** (City, town, or county) (State or foreign country)

15. Birthplace **Sweeden** (City, town, or county) (State or foreign country) **11**

16. (a) Informant **Anna Nordfeldt**

(b) Address **1728a S. 10th. St.**

17. (a) **Burial** (b) Date thereof **June 14-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cem.**

18. (a) Signature of funeral director **Schumacher and Co**

(b) Address **3013 Meramec St.**

19. (a) **JUN 14 1946** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12** year **1946** hour **5 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

1. Atherosclerosis

Due to **2 Epilepsy**

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify place) (c) Means of injury **3**

23. Signature **[Signature]** (M.D. or other) _____ Address _____ Date signed **6/13/46**

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 Francis Williamson
Licensed Embalmer No. 3565
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.