. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 31, 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22995

Primary Registration District No. 6076

Registrar's No. 1387

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7220 St. Andrew Dr.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Normandy
(If outside city or town limits, write "RURAL")
(d) Street No.: 7220 St. Andrew Dr.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Katherine Nolingberg
3. (b) If veteran, name war: No
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: Elmer Nolingberg
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 13 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
81	0	14	hr. min.

9. Birthplace: (City, town, or county) Sweden (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Unknown
13. Birthplace: (City, town, or county) Sweden (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) Sweden (State or foreign country)
16. (a) Informant: Mrs. Carl Westin
(b) Address: 7220 St. Andrew Dr.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Iron River, Mich.
18. (a) Signature of funeral director: Fred M. Williams
(b) Address: 4535 Washington Blvd
19. (a) 6-30-47 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1947 hour 7 P.M. minute M.
21. I hereby certify that I attended the deceased from June 27, 1945 to June 27, 1947 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure due to Cardiac Vascular renal disease, mitral regurgitation and Decompensation, Atherosclerosis, hypertension, 24 years
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): Senility 81 yrs old;
Major findings:
Of operations: None 3/20
Of autopsy: None

Duration

PHYSICIAN: Underline the cause of 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: (M. D. or other)
Address: 6534 Forest Park Blvd Date signed: 6/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 3 1947

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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address St Louis

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.