

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34383

STATE FILE NUMBER

FILED SEP 23 1957

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2220

300  
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHRYSTIAN</u> <del>RICHMOND HEIGHTS</del>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>4895 RICHMOND HEIGHTS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP.</u>		Length of stay in 1b <u>4 1/2 Wks</u>	d. STREET ADDRESS (If outside, give location) <u>1578 WARNER AVE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Alan</u> Middle <u></u> Last <u>Nordberg</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>4</u> Year <u>1957</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC. 20 - 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PUBLIC SERVICE Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED 15 YRS</u>	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR: Months <u></u> Days <u></u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS.: Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>SWEEDEN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>HANS NORDBERG</u>		14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-07-8106</u>	17. INFORMANT Address <u>MRS ANNA BORG 7578 WARNER AVE</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): <u>Carcinoma of Pancreas with Metastases</u> Conditions, if any, which gave rise to above cause (b): stating the underlying cause last. DUE TO (b) <u>157X</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>8-5-1957</u> to <u>9-4-1957</u> and last saw <u>him</u> live on <u>9-4-1957</u> Death occurred at <u>7:45 Am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert W. DeLoach M.D.</u>		22b. ADDRESS <u>6013 Brentwood Clayton Mo.</u>	22c. DATE SIGNED <u>9-5-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	23b. DATE <u>SEPT 7-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>YALHALLA CREMATORY</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>
24. FUNERAL DIRECTOR <u>GEBKEN-BENZ</u>		25. DATE RECD. BY LOCAL REG. <u>9-6-57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert B. Double M.D.</u>

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**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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Joe S. Berry*  
Licensed Embalmer No. 42

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.