

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC-8303 621 318 SL 24614 1003 4904 -61-019312  
 Registration District No. Primary Registration District No. Registrar's No. STATE FILE NUMBER

AMENDED

FILED JUN 2 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only): OR TOWN <b>915 N. Grand, St. Louis, Mo.</b>		Length of stay in lb <b>31 days</b>		c. CITY OR TOWN <b>Emay (25)</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VET. ADM. HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>1110 Pardella Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>LEONARD</b> Middle <b>A.</b> Last <b>NORDSTROM</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>22</b> Year <b>1961</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4/23/21</b>	9. AGE (last birthday) <b>40</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LEAD MAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wohl Shoe Co.</b>		11. BIRTHPLACE (City and state or country) <b>KEEWATIN, MINN.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>CHARLES NORDSTROM</b>			13b. MOTHER'S MAIDEN NAME <b>IDA JOHNSON</b>		14. NAME OF HUSBAND OR WIFE <b>MABEL P. NORDSTROM</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES WW-2</b>				17. INFORMANT (Wife) <b>Emay (25) Mo.</b> <b>Mabel P. Nordstrom, 1110 Pardella, Ave.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HODGKIN'S DISEASE</b>						INTERVAL BETWEEN ONSET AND DEATH <b>8 YEARS</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) <b>201x</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 _____ a.m. _____ p.m.	Month, Day, Year						
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	
<b>VA</b>							
21. I attended the deceased from <b>4/23/61</b> to <b>5/22/61</b> and last saw <del>xx</del> him alive on <b>5/22/61</b>				Death occurred at <b>6:45 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Walter C. Unger</i> M.D.			22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>			22c. DATE SIGNED <b>5/22/61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>May 25, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Fendler Und. Co. 7420 Michigan Ave. (11)</b>				25. DATE RECD. BY LOCAL REG. <b>MAY 24 1961</b>		26. REGISTRAR'S SIGNATURE <i>Walter C. Unger</i>	

BY AFFIDAVIT OF



STATE FEE NUMBER

Where deceased lived if institution; Residence before admission)

County of

Reside on farm

Yes  No

Yes  No

DATE OF DEATH

Day Month Year

IF UNDER YEAR (last birthday)

Months Days Hours Mins

CITY AND STATE OF WHAT COUNTRY

NAME OF HUSBAND OR WIFE

INTERVAL BETWEEN ONSET AND DEATH

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

**STATEMENT BY LICENSED EMBALMER**

of the female

PART III If deceased was female was pregnancy in last 90 days

Yes  No  Unknown

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_

Signature of Student Embalmer

Signed *W. G. Peterson*

LOCATION

COUNTY STATE

Licensed Embalmer No. *3767*

P. O. Address *7420 Mich...*

REG. DATE SIGNED

REG. REGISTRAR'S SIGNATURE

*Jefferson Barrera, Jr.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Removed  
May 22, 1951  
National Cemetery  
(II)  
Embalmer and Co. 2450 Michigan Ave.