WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 19

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35632

1. PLACE OF DEATH
County: St. Louis Co
Township: Carondelet
City: ..... (No. ..... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 6248 A

File No. .....
Registered No. 367

2. FULL NAME: Magdalena Norper

(a) Residence, No. 261 Lemay Ferry Road Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Late Christian Norper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 7 - 1852

7. AGE: YEARS 79 MONTHS 11 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: — Hager
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: No Data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data

17. INFORMANT: Edward Norper
(ADDRESS) 261 Lemay Ferry Rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Hope Cem DATE: October 7 1931

19. UNDERTAKER: Donelson Uogle Co
(ADDRESS) 6320 So Grand Blvd

20. FILED: Oct. 6 1931 L. C. Obrock
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 3 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Oct 3rd, 1931
I last saw her alive on Oct 3rd 1931. Death is said to have occurred on the date stated above, at 11 30 p.m.
The principal cause of death and related causes of importance were as follows:

			Date of onset
Senility	(Uremia)	131	Sep 20/31
Chronic	Nephritis	93C	
Arterial	Degeneration	82A	
Chronic	Myocardial Degeneration		
Cerebral	Hemorrhage		

Other contributory causes of importance: 6

131 Doms

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury ..... No

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) P. J. Paugh, M. D.
(Address) 444 N. Euclid