

REC'D APR 8 1938

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

12109  
Do not use this space.

1. PLACE OF DEATH St. Louis  
 (a) County St. Louis Registration District No. 784  
 (b) Township \_\_\_\_\_ Primary Registration District No. 115 Registered No. 519  
 (c) City University City (d) Street No. 1600 Highland Ave. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Demetre T. Norrid, 630  
 (a) Residence, No. 1600 Highland Ave., St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Preston Norrid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1860-5-29

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Union City, Tenn.

FATHER 13. NAME ? Gray,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nancy ?

MOTHER 15. MAIDEN NAME Nancy ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT E. H. Gooldy,  
 (ADDRESS) 1600 Highland Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum DATE 3/22/38

19. FUNERAL DIRECTOR Robert J. Ambruster,  
 (ADDRESS) Clayton Rd. at Concordia Lane

20. FILED 3-22 1938 J.R. Meyer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1938 to March 19, 1938  
 I last saw him alive on March 16, 1938. Death is said to have occurred on the date stated above, at 12:50 P.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 108  
 Other contributory causes of importance: Chronic Myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Chronic Myocarditis  
 (Signed) \_\_\_\_\_, M. D.  
 (Address) 3109 S. Grand Blvd

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.

I X12004

**STATEMENT BY LICENSED EMBALMER**

I, Robert J. Ambruster, Licensed Embalmer No. 1994

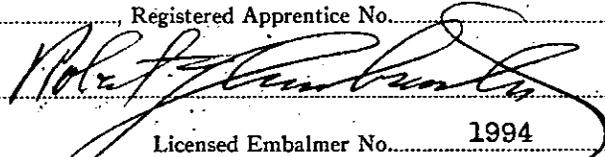
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed



Licensed Embalmer No. 1994

**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.)**