29 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30239

Registration District No. 784 | Primary Registration District No. 111 | Registrar's No. 1527

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County: St. Louis County 111

(b) City or town: Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Aug. 19, 1939 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 1

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4493 Forest Park Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Norman T. Wayne 500

3. (b) If veteran, name war: ×

3. (c) Social Security No. 494-10-6959

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Erma

6. (c) Age of husband or wife if alive: × 39 years

7. Birth date of deceased: May 3, 1896 (Month) (Day) (Year)

8. AGE: Years 43 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace (City, town, or county): Kentucky (State or foreign country)

10. Usual occupation: Maintenance

11. Industry or business: Bettendorf Market

FATHER
12. Name: Norman T. Wayne
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: × Erma Wayne
(b) Address: 4493 Forest Park Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/30/39 (Month) (Day) (Year)
(c) Place: burial or cremation: Lake Charles

18. (a) Signature of funeral director: Edith E. Ambruster
(b) Address: 4234 Manchester

19. (a) 8-29-39 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26 year 1939 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Ammonia gas poisoning while repairing a mechanical

Due to: ice box August 21, 19

Due to: 178

Other conditions (Include pregnancy within 3 months of death): 11

Major findings:
Of operations:
Of autopsy: Necrosis of trachea & bronchi.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): accident

(b) Date of occurrence: August 21, 939

(c) Where did injury occur? Maplewood, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place (Specify type of place)

While at work? yes (e) Means of injury: gas coil broken

23. Signature: [illegible] (M. D. or other)

Address: Coroner of St. Louis County, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.