

MAY 15 1940
Registration District No. _____

791

Primary Registration District No. _____

1003

Registrar's No. 3240

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (4-5-40 to 5-2-40)
(Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME Mr. Harry William Nordman 635
(b) If veteran, name war None
(c) Social Security No. 489-01-1664

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased December 9, 1889
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 26
If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business Foreman, St. Louis Post-Dispatch

MOTHER, FATHER { 12. Name William Nordman
18. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Hadekian
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Nordman
(b) Address 3309 Halliday Avenue

17. (a) Burial (b) Date thereof April 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New S. S. Peter & Paul Ch.

18. (a) Signature of funeral director Wm. J. Robert L. + H. Co.
(b) Address 1905 So. Grand Blvd.

19. (a) APR 8 1940 (b) J. F. Biedich
(Date received locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS 16
(If outside city or town limit write "RURAL")
(d) Street No. 3309 Halliday
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1940 hour 05 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4-5-40
1940 to 4-5 1940

that I last saw him alive on 4-5-40 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

RHEUMATIC HEART DISEASE

Due to MITRAL STENOSIS

Due to EMBOLISM

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature M. Anderson (M. D. or other) _____
Address BARNES HOSPITAL Date signed 4-6-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John Stetter

Licensed Embalmer No.....

3880

P. O. Address.....

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