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M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9318

FILED APR 13 1944

State File No.

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **3139**

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 750 Hamilton Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Harry Norman

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1944 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Alta Norman

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased August 24 1891
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE: Years Months Days If less than one day

52 7 7 hr. min.

Duration

Coronary Occlusion
Coronary Ischemia

Due to.....

Due to.....

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

10. Usual occupation Stock Clerk

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

11. Industry or business Six, Baer and Fuller

12. Name Sam Norman

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Dunbar

15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Alta Norman

(b) Address 750 Hamilton

17. (a) Removal (b) Date thereof 4-3-44
(Burial, cremation, or Removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mayfield, Kentucky

18. (a) Signature of funeral director Albert H. Hoppe
4700 Washington Blvd

(b) Address.....

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)
(a) Accidents of injury.....

19. (a) APR 3 1944 (b) J. F. Bredel
(Date received local registrar) (Registrator's signature)

23. Signature John H. Brown (M. D. or other)
Address Date signed 4/3/44

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

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 Albert G. Koffe

Licensed Embalmer No. 2971

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, fact should be so stated above.