V. S. No. 2
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Rev. 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

State File No. 15445

FILED MAY 26 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4358

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

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 3111 Hickory St (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 17 (066)
(c) City or town St Louis Mo (If outside city or town limits, write "RURAL") 1/8
(d) Street No. 3111 Hickory St (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Norman

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex M 9
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Alice
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased 9 (Month) 1 (Day) 1877 (Year)

8. AGE: 67 Years ~~68~~ Months 8 Days 14 If less than one day hr. min.

9. Birthplace Nashville (City, town, or county) Tenn (State or foreign country) 1
10. Usual occupation Labor 1
11. Industry or business
FATHER
12. Name Harvy Norman
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Lizzie McGrigly
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Alice Norman
(b) Address 3111 Hickory St City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-[illegible]9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery
18. (a) Signature of funeral director Gus Howe
(b) Address 2930 Dickson St.
19. (a) MAY 16 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1945 hour 11:10 minute 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 Chronic Myocarditis Chronic Interstitial Nephritis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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)
(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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 5-16-45

(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.

emb. cert. filed separate

Signed .....

Licensed Embalmer No. .....

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.