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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JAN 21 1946 **STANDARD CERTIFICATE OF DEATH**

4095

State File No. _____

Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 54

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Webster Groves,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
115 Glen Road.
(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 St. Louis, 96

(c) City or town Webster Groves, 7
(If outside city or town limits, write "RURAL")

(d) Street No. 115 Glen Road. 14
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mary Nordman,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Wm. H. Nordman, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 11, 1856.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>9</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER

12. Name Don't Know,

13. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know, 9

15. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. H. Nordman,
(b) Address 4637 McCausland Ave.,

17. (a) Burial, (b) Date thereof 1/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) 1-7-46 (b) Wm. H. Nordman,
(Date received local registrar) (Registrar's signature) NSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th
year 1946 hour 6: minute 00 A. M.

21. I hereby certify that I attended the deceased from _____ 1946, to Jan 6, 1946
that I last saw her alive on Jan 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum Adv. mo.

Due to A 46d

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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? _____

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

23. Signature W. H. Nordman (M. D. or other)
Address 607 No. Grand Date signed 1-7-46

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.,

P. O. Address St. Louis, Mo.

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.