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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

25034

FILED JUL 31 1948

Registration District No. 317

Primary Registration District No. 6076

State File No. _____

Registrar's No. 1746

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
2162 OAKDALE AV.
(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

3: (a) PRINT FULL NAME WILLIAM NORDEN

3: (b) If veteran, name war _____

3: (c) Social Security No. _____

4. Sex M, S 5. Color or race N

6: (a) Single, widowed, married, divorced DIVORCED

6: (b) Name of husband or wife _____

6: (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DECEMBER 15-1887
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation BARTENDER.

11. Industry or business _____

MOTHER FATHER { 12. Name DIEDERICH NORDEN

{ 13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

{ 14. Maiden name MARGARETHA GRESSMAN

{ 15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Meyer

(b) Address 2162 Oakdale

17. (a) BURIAL (b) Date thereof JULY 19-48
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers

18. (a) Signature of funeral director E. Schmar

(b) Address 3125 Lafayette St.

19. (a) 7-19-48 (b) Charles A. Nestor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")

(d) Street No. 2162 OAKDALE
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1948 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from 15 June 1948, to 16 July 1948; that I last saw him alive on 16 July 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer colon with metastases

Due to _____

Due to 462

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)

(c) Means of injury _____

23. Signature Charles A. Nestor (M. D. or other) _____

Address 5600 S. Compton Date signed 17 July 48

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 Joseph Ballma
Licensed Embalmer No. 41014
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.