

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

35229

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **3441**, **N. Union Ave** St. **10105** Ward)

**2. FULL NAME** Norman O Rawlins

(a) Residence. No. Union Hotel 3441 N. Union Ave (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 • HUSBAND OF \_\_\_\_\_  
 (OR) WIFE OF \_\_\_\_\_

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Aug. 10 - 1872

**7. AGE** YEARS 55 MONTHS 3 DAYS 8  
 If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Watchman  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE** (CITY OR TOWN) Indiana  
 (STATE OR COUNTRY)

**10. NAME OF FATHER** Wm. K. Rawlins

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) Indiana  
 (STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Sarah Anderson

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) Jeffersonville  
 (STATE OR COUNTRY) Indiana

**14. INFORMANT** B.R. Rawlins  
 (Address) 266 Plaza Pl

**15. FILED** NOV 21 1927 mail Staroff  
 19 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) 11-18-27 19

**17. I HEREBY CERTIFY**, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 8:40 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Stroke & injuries  
210 So. Crested Road  
2 1/2 M  
Struck by auto in City  
 CONTRIBUTORY (SECONDARY) St. Louis  
 (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED** Criminal  
 IF NOT AT PLACE OF BIRTH, \_\_\_\_\_ Carlesness

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Wm. Dever M.D.  
11/19/27 (Address) Dep. Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Dallas Tex **DATE OF BURIAL** Nov. 21 19 27

**20. UNDERTAKER** Delusseau Hornal **ADDRESS** 1405 Blue

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

