

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

Do not use this space.

32447

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township St. Louis Primary Registration District No. 6248E
City St. Louis (No. MT St Rose Hosp) St. _____ Ward _____

File No. _____
Registered No. 358

2. FULL NAME

(a) Residence, No. 5127 Palm St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF E. H. Norman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 - 1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME William Rudolph
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Anna Keck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Elmer H. Norman (ADDRESS) 5127 Palm St

18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville Ill DATE Sept 29 1931

19. UNDERTAKER A. Kronstedt (ADDRESS) 2707 7th Street St

20. FILED 9/28/31 19 Li. C. Obrock M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21 1931 to Sept 26 1931
I last saw h. or alive on Sept 26 1931 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 23A

Other contributory causes of importance: DS

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) Maurice A. Oberholzer, M. D.
(Address) 9101 Do. Broadway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 26 1931

