

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.

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

Do not use this space.

10642

1. PLACE OF DEATH

County..... Registration District No. 70
Township..... Primary Registration District No. 100
City St. Louis Mo (No. City Hospital 2)

File No.....
Registered No. 2613
St. Ward)

2. FULL NAME

Leon Norment
(a) Residence, No. 2918 Clark St., 15 Ward.

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Cauc 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-7-1890

7. AGE YEARS 42 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber 237
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 2

13. NAME Leon Norment

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Rosie Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT A. Gladys Creator (ADDRESS) City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis U DATE 3-15 1932

19. UNDERTAKER Walter Rechter (ADDRESS) 3508 Rutledge St

20. FILED MAR 21 1932 Max E. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-2 1932 to 3-11 1932. I last saw him alive on 3-11 1932. Death is said to have occurred on the date stated above, at 11A m. The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
930
Date of onset

Other contributory causes of importance:
930

Name of operation..... Date of.....
What test confirmed diagnosis? Micro. Lab. Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... 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?..... If so, specify.....

(Signed) Creed Smith, M. D. (Address) CITY HOSP. No. 2

