

Do not use this space.

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Birth Cert. MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
filed at Wellston
PLACE OF DEATH
CERTIFICATE OF DEATH

County Registration District No. 701 File No.
Township Primary Registration District No. 10002 Registered No. 5246
City St. Louis, Mo. St. Louis Children's Hospital, 500 So. Kings Highway St. Ward)

2. FULL NAME Norman Baandt
(a) Residence, No. 5827 Woodland St. 7 Ward. (If nonresident, give city and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 13

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)

MOTHER FATHER 13. NAME Edward Baandt

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Josephine O'Brien

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)

17. INFORMANT M. Licht (ADDRESS) 500 So. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 6/1/32

19. UNDERTAKER H. W. Stock and Co. (ADDRESS) 2117 E. Grand Blvd

20. FILED UN - 1 May 6 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29-1932

I HEREBY CERTIFY, That I attended deceased from 5-14-, 1932, to 5-29-, 1932

I last saw h.v.c. alive on 5-29-, 1932. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

gonorrhoitis Acute non-tuberculous Date of onset 5/21/32
Stasis Media 5/17/32
Other contributory causes of importance: Wastobatory Date of 5/21/32
What test confirmed diagnosis? 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) Lawrence Goldman, M. D.

(Address) St. Louis Children's Hosp.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION, if any, should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified.

