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

Do not use this space.

18269

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1042 Registered No. 5249

City St. Louis Mo. St. Louis Ch. Hosp. 500 So. Kingshighway (No. ..... St. ..... Ward)

2. FULL NAME Norman Bostic

(a) Residence, No. 4030 Papin St., 18 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
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): Dec. 25-31

7. AGE: Years — Months 5 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chip
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 —

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

FATHER
13. NAME: Major Bostic
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Jeatur DeGraves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

17. INFORMANT (ADDRESS): C. M. Kerbrick 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Pk. DATE June 2nd 1931

19. UNDERTAKER (ADDRESS): Charles J. Gates 4107 Finney Avenue

20. FILED JUN 1 1932 Max C. Starkloff Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-31-31, 19..., to 5-31-, 1931

I last saw him alive on 5-31-, 1931 Death is said to have occurred on the date stated above, at 1.50 p.m.

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

	Date of onset
Bronchopneumonia	5/26/32
119 B Secondary	
107 A / 9	
89 A	
①	

Other contributory causes of importance:

Otitis Media, Acute	5/26/32
Diarrhea and Enteritis	5/28/32

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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. AGE should be ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION ...