

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

Do not use this space.

27246

**1. PLACE OF DEATH**

County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033B  
 City St. Louis (No. Midland Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Norton Andersen  
 (a) Residence, No. 1424 Evergreen Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23, 1893</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>1</u>	DAYS <u>26</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>C. Chauffeur</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>101</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Jordan Andersen</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Denmark</u> (STATE OR COUNTRY) _____	
MOTHER	15. MAIDEN NAME <u>Dorothy Mortenson</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Denmark</u> (STATE OR COUNTRY) _____	
17. INFORMANT <u>Mrs. Jordan Andersen</u> (ADDRESS) <u>1424 Evergreen Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Cem.</u> DATE <u>July 20, 1932</u>		
19. UNDERTAKER <u>Geo. L. Plestach, Inc.</u> (ADDRESS) <u>5966 Eastern Ave.</u>		
20. FILED <u>8-18-1932</u> <u>Opella Gray M.D.</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 1932

22. I HEREBY CERTIFY That I attended deceased from August 17, 1932, to August 17, 1932  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia Date of onset \_\_\_\_\_  
11A  
107A 110  
 Other contributory causes of importance:  
infezo ①

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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) Rolla Bracy, M. D.  
 (Address) 6400 Eastern Ave.

MARGIN RESERVED FOR BIRTH RECORD  
 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.

SEP 27 1932

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Dr. Fella Bram  
6400 Eastern Ave