

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

Do not use this space.

42418

1. PLACE OF DEATH

County Registration District No. 701
 Township St Louis Primary Registration District No. 10783
 City St Louis (No. 2412, Union Blvd) Registered No. 11550
 St. Ward)

2. FULL NAME

(a) Residence, No. 2412 Union Blvd, 6 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>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nettie Gorning</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 23, 1866</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>1</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pattern Maker</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>		
10. Date deceased last worked at this occupation (month and year) <u>1922</u>		11. Total time (years) spent in this occupation <u>32</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>		
13. NAME <u>Unknown Gorning</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Nettie Gorning</u> <u>2412 Union Blvd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Anders Cem</u> DATE <u>Dec. 29, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Drehmann Karal</u> <u>705 Union Blvd</u>		
20. FILED <u>DEC 27 1932</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1932

22. I HEREBY CERTIFY, that I attended deceased from July 6, 1932, to Dec 26, 1932.
 I last saw him alive on December 26, 1932. Death is said to have occurred on the date stated above, at 4 1/2 m.
 The principal cause of death and related causes of importance were as follows:
80
Locomotor Ataxia 7-6-32
80
 Other contributory causes of importance:
—
—

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. (1)

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Am Langan Jr, M. D.
 (Signed) (28067) Grand av
 (Address)

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.

Handwritten text at the top of the page, possibly a name or title, which is mostly illegible due to blurring.

930 - 11

3 - 5