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.

NOV 10 1933

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

Do not use this space.

34684

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 8846

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 6449, Nashville Ave. St. ..... Ward)

2. FULL NAME Fred. W. Nordman

(a) Residence, No. 6449 Nashville Ave. St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26th, 1866

7. AGE: YEARS 67 MONTHS 1 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gananal Lumber Co.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER

13. NAME Frederick C. Nordman

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

MOTHER

15. MAIDEN NAME Augusta Rau

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

17. INFORMANT (ADDRESS) Mary A. Nordman 6449 Nashville Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Villa Ridge, Ill. DATE Oct. 13, 1933

19. UNDERTAKER (ADDRESS) Drehmann Hanal 1905 Union Blvd.

20. FILED Oct 12 1933 J. H. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-22-32, 19..., to 10-11, 1933

I last saw him alive on 10-11, 1933. Death is said to have occurred on the date stated above, at 9 A.m.

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

Cancer of rectum — Date of onset (1931)

Anemia

46 D

71 B

Other contributory causes of importance:

3

Name of operation Year ago - Lap. Date of Sept 1932

What test confirmed diagnosis? Section Was there an autopsy? no

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) O. C. Pfeifer, M. D.

(Address) 45235 Kingsbeaglum

4343-5 Kingsbridge
10-11