

1 2 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Do not use this space.

CERTIFICATE OF DEATH
ISOLATION HOSPITAL
791
1003

17742

1. PLACE OF DEATH

County.....
Township.....
City *Saint Louis* (No. *Isolation Hospital*)

Registration District No.....
Primary Registration District No.....

File No. *4045*
Registered No.....
St. Ward)

2. FULL NAME

Charles Norris

(a) Residence, No. *Infirmary* St. *13* Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *14* 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 *Minnie Norris*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 10, 1851*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
84 0 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Nil*
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) *Ohio*

MOTHER 13. NAME (Unknown) *Norris*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *McRilly, 5600 Arsenal*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Augusta Ky.* DATE *May 3, 1935*

19. UNDERTAKER (ADDRESS) *Edith E. Tombruster 4234 Magnolia*

20. FILED *MAY - 3 1935* *J. Brudeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-1-1935*

22. I HEREBY CERTIFY, That I attended deceased from *April 24, 1935*, to *May 1, 1935*
I last saw him alive on *May 1, 1935*. Death is said to have occurred on the date stated above, at *5:45* A.M.
The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis
930
Other contributory causes of importance:
Emphysema
Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis? *Clinical* 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) *Henry J. Plouch* M. D.
(Address) *517 J. P. ...*

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.

WHILE FEMALE, WITH UNFOLDING... THIS IS A PERMANENT RECORD

