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.

OCT 28 1935

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

Do not use this space.

To be "OK"ed by Coroner

30647

1. PLACE OF DEATH

County St Louis — Registration District No. 7 — File No.

Township Central — Primary Registration District No. 6038 — Registered No. 274

City Clayton (No. St Louis County Hospital St. Ward)

2. FULL NAME Van Nort, Emma

(a) Residence, No. 7409 Wayne St. City Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

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: E. C. Van Nort

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 25 - 1852

7. AGE: YEARS 83 — MONTHS X — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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 County Missouri

FATHER

13. NAME: Steven D Morgan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Emma S Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mrs. Albert E. Morgan 5249 Vernon Av

18. BURIAL, CREMATION, OR REMOVAL PLACE: Valhalla Cemetery DATE: Sept 25th, 1935

19. UNDERTAKER (ADDRESS): C. R. Lupton & Sons 4449 Olive Street

20. FILED 9/23, 1935 Dr A J Figuerelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 23rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Sept 23, 1935

I last saw her alive on Sept 22, 1935. Death is said to have occurred on the date stated above, at 7 a.m. 8-23-35

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

Hemorrhage from old ulcer of duodenum possibly carcinomatous

Date of onset

Other contributory causes of importance:

Old age

General inanition

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) R. S. Poos, M. D.

(Address) St. Louis Co. Hosp.

9/23/35 Dr A J Figuerelle Coroner St Louis Co Mo

NOV 9 1948