

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

Do not use this space.

43132

1. PLACE OF DEATH  
**DEC 3 1936**  
Township.....  
City **St. Louis**

Registration District No. **791**  
**1003**  
Primary Registration District No. **4133 Green Lea Place**  
(No. ....)

File No. ....  
Registered No. **11708**  
St. .... Ward)

2. FULL NAME **Norine Grace Lea**  
(a) Residence, No. **4133 Green Lea Place** St. **10** Ward. (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 **Female** 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 **William Lea**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 4, 1893**  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
**42 11 22**  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**  
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 Mo.**

FATHER 13. NAME **John L. Hermann**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lincoln County Mo.**

MOTHER 15. MAIDEN NAME **Mimmie Buehler**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kansas City, Mo.**

17. INFORMANT (ADDRESS) **William Lea 4133 Green Lea Place**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters Cemetery** DATE **Nov. 30, 1936.**

19. UNDERTAKER (ADDRESS) **Wm. H. Paschedag, 2825 N. Grand Blvd.**

20. **NOV 27 1936** **J. J. Predeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 26, 1936 19**  
22. I HEREBY CERTIFY, That I attended deceased from **Aug 1, 1936, to Nov 26, 1936**  
I last saw him alive on **Nov 25, 1936** Death is said to have occurred on the date stated above, at **5:00 p.m.**  
The principal cause of death and related causes of importance were as follows:

**cardiac asthma** Date of onset **8-1-36**

Other contributory causes of importance: **myocarditis chronic**

Name of operation **no** Date of .....  
What test confirmed diagnosis? **Biopsy** Was there an autopsy? **no**

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? **no** Date of injury ..... 19.....

Where did injury occur? **none** (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **no**  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify **no**

(Signed) **H. F. Miller** M. D.  
(Address) **8407 Parkway St. St. Louis**

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.

