

AUG - 5 1937

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

Do not use this space.

791
1003

File No. 25635
Registered No. 6809
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. St. Anthony Hospital)

2. FULL NAME Norbert Rickert

(a) Residence, No. 3735a Oregon Ave. St. 24 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1931.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 11 12

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

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) St. Louis, Mo.
(STATE OR COUNTRY)

13. NAME William H. Rickert

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Bollwerk

16. BIRTHPLACE (CITY OR TOWN) BST. Louis, Mo.
(STATE OR COUNTRY)

17. INFORMANT William H. Rickert
(ADDRESS) 3735a Oregon Ave.

18. BURIAL, CREMATION, OR REMOVAL

SS. Reter and Paul Cem. DATE July, 17, 1937

19. UNDERTAKER J. N. Helken, P. O. No. 2842 Meramac St.
(ADDRESS)

20. FILE NO. 15 1937 J. F. Bredbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-13/37 1937 to 7-14/37 1937

I last saw him alive on 7-14/37 1937 Death is said

to have occurred on the date stated above, at 2:45 p. m.

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

Bacillary Dysentery Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Culture 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 _____, 1937

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 Joseph L. Deen M. D.
(Signed)

(Address) 4209 Orange

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.

