

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. Alexian Bros. Hospital)

St. Ward)

2. FULL NAME

John Reas Nordman

(a) Residence, No. 4732 Prague Ave.

St. 14 Ward.

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

Bessie Nordman

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

Dec 30 - 1895

7. AGE

YEARS

41

MONTHS

8

DAYS

18

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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

Proprietor

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

Service Station

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

August 1937

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

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

Cairo Illinois

FATHER

13. NAME Fredrick W. Nordman

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

Indiana

MOTHER

15. MAIDEN NAME Mary Rees

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

Cairo Illinois

17. INFORMANT (ADDRESS)

Bessie C. Nordman 4732 Prague Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cem.

DATE 9-21

1937

19. UNDERTAKER (ADDRESS)

Kriegshauser Mortuaries 2430 So. Kingshighway

20. FILED

SEP 20 1937

J. H. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from

9-9, 1937, to 9-18, 1937

I last saw him alive on 9-18, 1937 Death is said

to have occurred on the date stated above, at 4:45 p.m.

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

Cancer of adrenal glands
hypernephroma
metastasis to liver & intestines

Date of onset

Other contributory causes of importance:

Cholelithiasis

Name of operation

Gall Stone removal & exploratory

Date of 9-17

What test confirmed diagnosis? Autopsy 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? No

If so, specify

(Signed) Edmond Saccin, M. D.

(Address) 505 Humboldt Bldg.

2000