

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.

0011470

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

32895
Do not use this space.

1. PLACE OF DEATH
 (a) County.....
 (b) Township.....
 (c) City St. Louis.
 (e) Length of residence in city or town where death occurred 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
 Primary Registration District No. 1003
 (d) Street No. City Hosp. #1
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME George W. Norman
 (a) Residence, No. 316 Soulard Street St. 23
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF of the late Anna Norman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17th. 1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>52</u>	<u>10</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Paper hanger
 9. Industry or business in which work was done, as 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 Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do

MOTHER
 15. MAIDEN NAME do
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do

17. INFORMANT Milton Norman
 (ADDRESS) 316 Soulard Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Sept. 27th, 1937

19. FUNERAL DIRECTOR William Schumacher
 (ADDRESS) 3013 Meramec Street

20. SEP 25 1937 J. F. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24th. 1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw him..... alive on 19..... Death is said to have occurred on the date stated above, at 9:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Lung
Metastatic Carcinoma of several glands
 Other contributory causes of importance:
47B

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 SEE ABOVE
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Alfred Perry
 (Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)