

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 26 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35299

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis.  
(b) Township Clayton,  
(c) City Clayton,  
(e) Length of residence in city or town where death occurred

Registration District No. 790  
Primary Registration District No. 60334  
(d) Street No. St. Louis County Hospital, Registered No. 334  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 531 Benton, Valley Park, Mo. St. Mo.  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Alma Norfleet,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 4, 1897.</u>		
7. AGE <u>40</u>	YEARS <u>7</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Chief of Police</u>		9. Industry or business in which work was done, as saw mill, bank, etc. <u>City of Valley Park, Mo.</u>
10. Date deceased last worked at this occupation (month and year) <u>Sept 12, 1937</u>		11. Total time (years) spent in this occupation <u>1</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Toronto, Mo.</u>		
FATHER	13. NAME <u>Wm Norfleet,</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spring Garden, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Betty George,</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Alma Norfleet, Valley Park, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill, Cem.</u> DATE <u>Sept 18, 1937</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Schrader Funeral Home, Ballwin, Mo.</u>		
20. FILED <u>9-16</u> , 19 <u>37</u> <u>Dr. J. J. Spionelli,</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3 P.M.

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

Automobile accident while operating an automobile on a public highway which occurred Date of onset 9/5/37

Other contributory causes of importance:  
Multiple fractures of ribs 9/5/37  
Ruptured spleen 9/5/37  
310TH

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Accident Date of injury Sept 15, 1937  
Where did injury occur? Highway, near  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Automobile accident  
Nature of injury Multiple fractures of ribs, ruptured spleen

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) John E. Chandler, M. D.  
(Address) Spring Garden, Mo.

STATEMENT BY LICENSED EMBALMER

I, Theo. Schrader, Licensed Embalmer No. 3066.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Theo. Schrader L. E.

No. 3066 or by  
working under my personal supervision.

Signed Theo. Schrader  
Registered Apprentice No. \_\_\_\_\_  
Licensed Embalmer No. 3066

**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.)**