

REC'D FEB 10 1939

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

6
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003** Registered No. **6**
(c) or City **St. Louis,** (d) Street No. **3215a Meramec St.** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William H. Nordman
(a) Residence, No. **3215 A. Meramec St. St.** **15** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Mary Nordman**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 22, 1854**
7. AGE YEARS **84** MONTHS **0** DAYS **9** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Express-Man**
9. Industry or business in which work was done, as saw mill, bank, etc. **Retired 15yrs.**
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.**
13. NAME **William Nordman**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
15. MAIDEN NAME **Henrietta Renne**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
17. INFORMANT (ADDRESS) **Mary Nordman**
3215a Meramec St.
18. BURIAL, CREMATION, OR REMOVAL PLACE **Galvary Cem.** DATE **Jan. 2, 1939**
19. FUNERAL DIRECTOR (NAME) (ADDRESS) **J. H. G. ...**
2842 Meramec St.
20. FILED **JAN 1 1939** **J. F. ...**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 31, 1938**22. I HEREBY CERTIFY, That I attended deceased from **Oct 10, 1938, to Dec 31, 1938**I last saw him alive on **Dec 26, 1938**. Death is said to have occurred on the date stated above, at **10:10 A. M.**

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

Uremia terminating hyperextension cardiac muscular renal disease
Date of onset **July 8/38**

Other contributory causes of importance:

hypertrophy of Prostate

Name of operation **None** Date ofWhat test confirmed diagnosis **M.P.A. ...** 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? **Yes**

If so, specify

(Signed) **Robert ...**, M. D.(Address) **147 Grand**

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.

Corrected Mar 25 1939 by affidavit

See affidavit # 171 in mine file 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Herman A. Gebken, Registered Apprentice No.....
working under my personal supervision.

Signed..... Herman A. Gebken

Licensed Embalmer No..... 2120

P. O. Address..... 2842 Meramec St

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.)
St. Louis, Mo.

If this body is not embalmed, above space should be left blank.