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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
RECD OCT 14 [redacted]

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30889

Registration District No. 791

Primary Registration District No.

Registrar's No. 2953

1. PLACE OF DEATH: 1603

(a) County: 1

(b) City or town: St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1Mo. 29 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 1

(a) State: Missouri (b) County: 1

(c) City or town: St. Louis [17]
(If outside city or town limits, write "RURAL")

(d) Street No.: 3666 Cleveland
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME: Doris Norvel 61U

3. (b) If veteran, name war:

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: March 13, 1894 (Month) (Day) (Year)

8. AGE: Years 45 | Months 6 | Days 0 | If less than one day hr. min.

9. Birthplace: (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Millinier 1

11. Industry or business: 9

MOTHER FATHER

12. Name: Unknown

13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name: Mary Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: W. L. Lowats

(b) Address: 2632 Tennessee Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/15/39 (Month) (Day) (Year)

(c) Place: burial or cremation: Hiram Park Cem.

18. (a) Signature of funeral director: Edith E. Ambruster

(b) Address: 4234 Manchester

19. (a) SEP 15 1939 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 13, year 1939 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from July 15, 1939 to September 13, 1939 that I last saw her alive on September 13, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Cervix	
Due to with metastasis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature: H. Lattuada (M. D. or other)

Address: 1515 Lafayette, Date signed: 9/13/39

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Floyd Eynck

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

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.)

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