

WRITE PLAINLY—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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37800**

Registration District No. **1003** Primary Registration District No. _____ Registrar's No. **9639**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Alexian Bros Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 Days**
(Specify whether _____)
 In this community **30 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No **5703 Enright Ave**
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Frank L. Nordhaus**
 8. (b) If veteran, name war _____ 8. (c) Social Security No **521-09-2813**

4. Sex **Male** 5. Color or race **White**
 6. (b) Name of husband or wife **Jean** 6. (a) Single, widowed, married, divorced **Married**
 7. Birth date of deceased **January 3rd 1903**
(Month) (Day) (Year)

8. AGE: Years **36** Months **10** Days **8**
 If less than one day _____ hr. _____ min.

9. Birthplace **San Antonio Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Production Manager**

11. Industry or business **Marquette Hotel**

MOTHER FATHER { 12. Name **George C. Nordhaus**
 13. Birthplace **San Antonio Texas**
(City, town, or county) (State or foreign country)
 14. Maiden name **Julia Ieland**
 15. Birthplace **? Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **George C. Nordhaus**

(b) Address **5703 Enright Ave**

17. (a) **Burial** (b) Date thereof **11/13/1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Lebanon**

18. (a) Signature of funeral director **Robert J. Ambruster**

(b) Address **6633 Clayton Road**

19. (a) **NOV 12 1939** (b) **J. F. Bredich**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **11th**
 year **1939** hour **1.30** minute _____ A. M.

21. I hereby certify that I attended the deceased from **11-8**, 19**39**, to **11-11**, 19**39**;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Peritonitis Generalized
Pneumonia Bronchial
 Due to **Ruptured Appendix**
Post-operative Pneumonia

Duration
5 days

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. F. Bredich** (M. D. or other) _____
 Address **5899 Delmar Ave** Date signed **11/11/39**

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.....

Edward H. Bockhorst

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

working under my personal supervision.

Signed

Edward H. Bockhorst

Licensed Embalmer No..... 2502

P. O. Address Clayton 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.