FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8752

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 2235

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: St. Anthony Hospital 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 14 (If outside city or town limits, write "RURAL")

(d) Street No. 4909 Lansdowne 0 (If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Ollie Norman

3. (b) If veteran, name war ----

3. (c) Social Security No. ---

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George

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

7. Birth date of deceased January (Month) 28, (Day) 1882 (Year)

8. AGE: Years 58 Months 1 Days 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Home

11. Industry or business

FATHER 12. Name Otto Kerner

13. Birthplace (City, town, or county) Germany (State or foreign country) 6

MOTHER 14. Maiden name Mina Kreibohn

15. Birthplace (City, town, or county) Germany (State or foreign country) 6

16. (a) Informant's own signature Mrs. Ollie Norman

(b) Address 4909 Lansdowne

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/40 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wacker-Heldele

(b) Address 2331 S. Broadway

19. (a) MAR 6 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1940 hour 12 minute 50 a.M.

21. I hereby certify that I attended the deceased from Feb. 3rd, 1940 to Mar. 5th 1940 that I last saw her alive on Mar. 4th 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis caused by chr. cholecystitis	2 Da
Due to: Chronic Cholocystitis	
Due to: and	
Other conditions (Include pregnancy within 3 months of death): Chronic Chololithiasis 2 yrs.	

Major findings:
Of operations
Of autopsy No

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 Dr. M. H. Millers (M. D. or other) M.D.

Address 4905 Lansdown Ave. Date signed 3/5/40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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.

50M-5-17-39 Rev. 5-17-39 I X19811

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 Frank J. Yand Dr.

Licensed Embalmer No. 9645

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.