

FILED APR 23 1940

12356

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 784Primary Registration District No. 106Registrar's No. 762

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Kirkwood  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
304 E. Adams Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Kirkwood  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 304 E. Adams Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th  
 year 1940 hour 4:30 minute A. M.  
 21. I hereby certify that I attended the deceased from 6/1/39  
 \_\_\_\_\_, 19\_\_\_\_, to 4/17/40, 19\_\_\_\_;  
 that I last saw him alive on 4/17/40, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Coronary Embolism</u>	<u>1 day</u>
Due to <u>Coronary thrombosis</u>	<u>2 years</u>
Due to <u>arteriosclerosis</u>	<u>?</u>

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: 94 lb  
 Of operations \_\_\_\_\_  
 Of autopsy as above

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?  
767 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature C. A. Theatie (M. D. certifier)  
 Address Kirkwood, Mo Date signed 4/17/40

3. (a) PRINT FULL NAME Paul (Norhabian) Norehad 6303. (b) If veteran, name war World War. (c) Social Security No. 489-05-5844. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Eleanor 6. (c) Age of husband or wife if alive 45 years7. Birth date of deceased April 10 1890  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
50 0 7 hr. \_\_\_\_\_ min.9. Birthplace Armenia 7  
(City, town, or country) (State or foreign country)10. Usual occupation Rug Buyer

11. Industry or business \_\_\_\_\_

12. Name Monagg Norehad13. Birthplace Armenia 7  
(City, town, or country) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Eleanor Norehad(b) Address 304 E. Adams Ave Kirkwood Mo17. (a) Removal (b) Date thereof 4-19-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Chicago, Ills18. (a) Signature of funeral director Louis H. Bopp(b) Address 131 W. Argonne Dr Kirkwood Mo19. (a) APR 18 1940 (b) R. May  
(Date received local registrar) (Registrar's signature)

(Licensed Embummer's Statement on Reverse Side)

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.

**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.....

*Louis H. Bogg*  
.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed *Louis H. Bogg*  
.....

Licensed Embalmer No. *921*  
.....

P. O. Address *Kirkwood 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.**