

**791**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

**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:  
**City Hospital #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

8. (a) PRINT FULL NAME **Henry C. Norsch 620**

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Amelia Norsch** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **Feb. 7th. 1862**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78 3 21** hr. \_\_\_\_\_ min.

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Janitor**

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

MOTHER FATHER { 12. Name **Jacob Norsch**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Margarete Rinn**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Arnold St. Nicholas**  
(b) Address **3719 N. 20th. St.**

17. (a) **Burial** (b) Date thereof **5-31-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles**

18. (a) Signature of funeral director **Proxost**

(b) Address **3710 N. Grand Blvd**

19. (a) **MAY 29 1940** (b) **J. B. Bredon**  
(Date received by registrar) (Signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis 26**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3719 N. 20th. St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **28th.**  
year **1940** hour **3.50** minute **A.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Coronary Arteriosclerosis**  
**Heart, Infarct (old)**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**946**

**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. B. Bredon** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 me

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

working under my personal supervision.

Signed

A. A. Smithers

Licensed Embalmer No.

3916

P. O. Address

3710 N. Grand

**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.**