

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10332**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo. **1**
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution DeSloger Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry J Nordmeyer

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Anna Nordmeyer 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased December 15 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 0 0 hr. min.

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

10. Usual occupation Salesman, Unemployed

11. Industry or business

12. Name Albert Nordmeyer

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

14. Maiden name Caroline Haag

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

16. (a) Informant Anna Nordmeyer

(b) Address 4339a Gano Ave.

17. (a) Burial (b) Date thereof 12-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co

(b) Address 2223 St. Louis Ave.

19. (a) DEC 17 1940 (b) J. F. Bredeck
(Received local Registrar) (Registrar's signature)

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. 4339a Gano Ave. **9**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th
year 1940 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from 11-30-40
1940 to 12-15 1940

that I last saw him alive on 12-15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrum

Due to Generalized Cerebrovascular Disease

Due to Adeno Ca. of Rectum

Other conditions Cardiomy & Colostomy
(Include pregnancy within 3 months of death)

Major findings: Of operations Generalized metastases

Of autopsy same

Duration

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 Louis T. Moore (M. D. or other)

Address DeSloger Hospital Date signed 12-16-40

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: *Horner L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address: *2223 St. Louis ave*

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, fact should be so stated above.