#88647

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27534

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 7621

1. PLACE OF DEATH:

(a) County: St. Louis, Mo.

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 1910 So. Broadway (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 23

If yes, name country:

3. (a) PRINT FULL NAME: Norma Bordmass

3. (b) If veteran, name war: No

3. (c) Social Security No.: 498-18-6168

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: October (Month) 5 (Day) 1922 (Year)

8. AGE: Years 25 Months 10 Days 22 If less than one day hr. min.

9. Birthplace: Waterville (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Waitress

11. Industry or business:

MOTHER FATHER

12. Name: Douglas Fredendall

13. Birthplace: Elbom (City, town, or county) Illinois (State or foreign country)

14. Maiden name: Edna Schnitker

15. Birthplace: Waulkon (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Douglas Fredenall

(b) Address: Hermann, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-30-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Belle, Mo.

18. (a) Signature of funeral director: Hugo Blumer

(b) Address: Hermann, Missouri

19. (a) AUG 30 1948 (Date received local registrar) (b) J. F. Medeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27th year 1948 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to Aug. 27th 19 48 that I last saw her alive on Aug. 27th 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	3 wks
Due to: Unknown cause	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

Underline the cause of 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: M. Allen M.D. (M. D. or other)

Address: 1515 Lafayette Date signed: 8/28/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

7621

SEP 21 1948

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 G W Wilkinson

Licensed Embalmer No. 35 75

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.