

Registration District No. 791

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: **1003**

- (a) County St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
- (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
- (c) Name of hospital or institution:
At home 5622 Cates Ave. 72
(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)

3. (a) PRINT FULL NAME Emma T. Nortoni. 635

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Albert D. Nortoni.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan'y 16, 1877.
(Month) (Day) (Year)

8. AGE: Years 62. Months 7. Days 7. If less than one day
hr. _____ min. _____

9. Birthplace Boone Co., Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home. 0

11. Industry or business none 0

- MOTHER FATHER { 12. Name William C. Belcher.
18. Birthplace Boone County, Missouri. 0
(City, town, or county) (State or foreign country)
14. Maiden name Belle C. Reed.
15. Birthplace Unk., Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John P. Belcher.

- (b) Address Columbia, Missouri.

17. (a) burial (b) Date thereof 8-25-39
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Eldorado Springs, Missouri

18. (a) Signature of funeral director C.R. Lupton & Sons.

- (b) Address 7233 Delmar, Blvd. University City

19. (a) AUG 24 1939 (b) J. B. Bullock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri 1 (b) County _____
- (c) City or town St. Louis, 5
(If outside city or town limits, write "RURAL")
- (d) Street No. 5622 Cates Ave.,
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23rd
year 1939 hour 2:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 1st
1939 to Aug 23rd 1939
that I last saw him alive on Aug 23rd 1939
and that death occurred on the date and hour stated above.

- Immediate cause of death Carcinoma (Abdomen) 8 m on
Duration _____

- Due to 53!

- Due to _____

- Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings:
Of operations _____

- Of autopsy _____

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 _____

28. Signature George Mantis (M. D. or other) _____

- Address 4983 Belmont Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Don K. Muschery Registered Apprentice No. 219
working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.