

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 8902
Registrar's No. 2385

Registration District No. 791 Primary Registration District No. _____

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

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: BARNES HOSPITAL
(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 _____
(c) City or town ST. LOUIS 17
(If outside city or town limit write "RURAL")
(d) Street No. 4020 RUSSELL
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Guy T. Norton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Julia Norton 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 19 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	9	20	hr. _____ min.

9. Birthplace Buffalo New York
(City, town, or county) (State or foreign country)

10. Usual occupation Architect retired

11. Industry or business _____

12. Name George Norton

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

14. Maiden name Patience Tyler

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

16. (a) Informant Julia Norton

(b) Address 4020 Russell

17. (a) Burial (b) Date thereof 3-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway

19. (a) MAR 11 1940 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10
year 1940 hour 7³⁰ minute 30 a. M.

21. I hereby certify that I attended the deceased from Mar 9, 1940, to Mar 10, 1940, that I last saw him alive on Mar 10, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Edema & Cerebral Anoxemia

Due to Cardiac failure caused by chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131
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 _____

23. Signature M. Anderson (M. D. or other) _____
Address BARNES HOSPITAL Date signed 3-10-40

Duration

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Elmer D. McArthur

Licensed Embalmer No. 3024

P. O. Address _____

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.