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FILLED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8573
Registrar's No. 1983

Registration District No. 7911 Primary Registration District No. 1003

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 4021 A. LINDELL BLVD. /
(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 CORINNE C. NORTON

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

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced. SINGLE

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

7. Birth date of deceased MARCH 4 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 11 27 hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation STENOGRAPHER CITY

11. Industry or business CIRCUIT CLERK'S OFFICE

12. Name PATRICK NORTON

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

14. Maiden name MARIE MORRISSET

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

16. (a) Informant MRS. ANNA N. GANNETT

(b) Address CONGRESS HOTEL-275-UNION

17. (a) BURIAL (b) Date thereof 3-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CANTARY CEMETERY

18. (a) Signature of funeral director Joseph J. Morrisset

(b) Address 3840 Lindell Blvd.

19. (a) MAR 3 1941 (b) J. Morrisset
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County COO
(c) City or town ST. LOUIS 1917
(If outside city or town limits, write "RURAL")
(d) Street No. 4021 A. LINDELL BLVD. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day FIRST
year 1941 hour ONE minute P. M.

21. I hereby certify that I attended the deceased from Oct 28 to Mar. 14, 1941;
that I last saw her alive on Feb. 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Calcification

Due to Arteriosclerotic Heart Disease

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 11

Of autopsy 11

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 Joseph J. Morrisset (M. D. or other)

Address 306 Duressi Bldg. Date signed 3/2-41

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

St. John's Hospital
1030 am

FEB 21 1951

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.....

W. H. Van Matre

Licensed Embalmer No.....

2825

P. O. Address.....

4340 Lafayette

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.