

FILED AUG 28 1941 791

Primary Registration District No. **1003**

Registrar's No. **5544**

1. PLACE OF DEATH:

(a) County ST. LOUIS
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2307A CHEROKEE ST.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community _____
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME LESTER FREDRICK NORTON

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

4. Sex MALE 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 MAY 27 1941
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 hr. min.

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

10. Usual occupation INFANT

11. Industry or business _____

12. Name JOHN NORTON

13. Birthplace ST. LOUIS MISSOURI
 (City, town, or county) (State or foreign country)

14. Maiden name STELLA HILL

15. Birthplace MASON CITY IOWA
 (City, town, or county) (State or foreign country)

16. (a) Informant John Norton

(b) Address 2307a Cherokee av

17. (a) BURIAL (b) Date thereof JULY 5 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS, CEM.

18. (a) Signature of funeral director E. J. Schner

(b) Address 3125 Lafayette av

19. (a) JUL 5 1941 (b) J. J. Keaton
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
 (c) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2307A CHEROKEE ST. 24
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 4
 year 1941 hour 10:00 minute AM

21. I hereby certify that I attended the deceased from June 24,
 1941 to July 4, 1941;
 that I last saw him alive on July 4, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Whooping Cough Duration 3 weeks

Due to _____

Due to _____

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

Major findings: _____
 Of operations _____

Of autopsy _____

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 J. J. Keaton (M. D. or other) MD

Address 6430 S. Jefferson Date signed 7-5-41

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

MOTHER FATHER

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.....

J. B. Hollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.