S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32290

Registrar's No. 8594

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: 1419 S. EWING AV.
(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: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 918
(If outside city or town limits, write "RURAL")

(d) Street No. 1419 S. EWING AV.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MARY E. NORTON.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife PATRICK NORTON

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

7. Birth date of deceased FEB (Month) 19 (Day) 1869 (Year)

8. AGE: Years 73 Months 7 Days 25 If less than one day hr. min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN.

FATHER
12. Name JOHN WALSH.
13. Birthplace IRELAND. 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARGARET POWERS.
15. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

16. (a) Informant Edward Norton
(b) Address 1419 S. Ewing av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct. 17 1942 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schnur.
(b) Address 3125 Lafayette av.

19. (a) OCT 16 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1942 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 1941, to Oct 14, 1942 that I last saw her alive on Oct 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Hypertensive

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. V. Brown (M. D. or other)

Address 2767 Park Ave City Date signed 10/15/42

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

Jos B Wollmer, Registered Apprentice No. .....,

working under my personal supervision.

Signed Jos B Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Delaware

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.