

No. 2
-12-45
-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31448**
Registrar's No. **1978**

Registration District No. **3274** 1948 Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 8-27-46
(Specify whether years, months or days)

In this community 58 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME NORTON, Leo R.

3. (b) If veteran, name war World I

3. (c) Social Security No. 327 18 4125

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 Sept. 11, 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>0</u>	<u>12</u>	hr. _____ min.

9. Birthplace Chandlerville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter Helper

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Registrar, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Removal (b) Date thereof 9-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chandlerville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 9-25-46 (b) Richard Allen M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Cass

(c) City or town Chandlerville
(If outside city or town limits, write "RURAL")

(d) Street No. Box 103
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22
year 1946 hour 5:20 minute A M.

21. I hereby certify that I attended the deceased from August 27, 1946 to September 22, 1946,
that I last saw h. im alive on September 22, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death
METASTATIC CARCINOMA-PRIMARY NOT FOUND

Duration UNK.

Due to _____

Due to 53-9

Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation

Of autopsy No 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) No

(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) (c) Means of injury 1

23. Signature L. E. Stillwell, M.D. (M. D. or other)
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 9-23-46

OCT 4 1946

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. Allen Davis Jr.

Licensed Embalmer No. 4053

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, fact should be so stated above.