

**FILED SEP 18 1947**  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6221 a Delmar 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)

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. 6221 a Delmar Blvd.,  
5 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lillian Norris Carson

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

4. Sex F. / 5. Color or race W.  
6. (a) Single, widowed, married, divorced W.  
6. (b) Name of husband or wife Pleas Carson, Dec. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: March 21 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 5 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Vienna, Ills.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Dr. John Norris  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Norris  
15. Birthplace Unknown - - Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. Moguin  
(b) Address 6221 a Delmar Blvd.,  
burial (c) Date thereof Sept 8, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery  
Alexander Louis  
18. (a) Signature of funeral director 6175 Delmar  
(b) Address \_\_\_\_\_

19. (a) SEP 6 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5  
year 1947 hour 11: minute 00 A. M.

21. I hereby certify that I attended the deceased from 1940 to 1947  
that I last saw her alive on Sept 3 and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary thrombosis  
Due to Myocardial infarction

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 John A. Hill (M. D. or other) \_\_\_\_\_  
Address 1457 Maryland Date signed 9-6-47

*Dr. Colman H. Bell.*  
*Medical Arts Bldg.*

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**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 *jos. E. McCulloch*  
Licensed Embalmer No. *2460*  
P. O. Address *6170 Delmar*

**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.**