S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14507

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4249

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 Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Johns
(If outside city or town limits, write "RURAL")
(d) Street No. 2750 Walton Rd. (If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Evelyn Pearl Norton
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oliver E. Norton
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased December (Month) 6 (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
48	4	28	hr. min.

9. Birthplace Parker (City, town, or county) S. Dakota (State or foreign country)
10. Usual occupation President
11. Industry or business Ceramic Business
FATHER
12. Name Oliver H. Roberts
13. Birthplace Kirkwood (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Alice Pedicord
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Oliver E. Norton
(b) Address 2750 Walton Rd.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAY 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1948 hour 10 minute 10 P.M.
21. I hereby certify that I attended the deceased from April 17, 1948, to May 4, 1948, that I last saw her alive on May 4, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Carcinoma of the sigmoid with pelvic metastasis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above	

PHYSICIAN — Underline the cause of 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 J. R. Bradley (M. D.)
Address Barnes Hospital Date signed 5/5/48

Jefferson City Printing Co. (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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....No Embalmer.....

Licensed Embalmer No.....

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.