S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32471

BIRTH NO. 53164-49 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 30821

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 133 Helfenstein Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: St Louis 91
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves 19
d. STREET ADDRESS (If rural, give location): 133 Helfenstein Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Susan
b. (Middle): Clair
c. (Last): Norden

4. DATE OF DEATH (Month): 9 (Day): 25 (Year): '49

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 8-23-49
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 1, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: H. Russell Norden
13b. MOTHER'S MAIDEN NAME: Nancy S. Streiff
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: H. Russell Norden — ADDRESS: Webster Groves

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suffocation

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): X

DUE TO (c): X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: none

INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 924.0
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Webster Groves 19 **(COUNTY)**: St Louis **(STATE)**: Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Suffocated by bed clothes

22. I hereby certify that I attended the deceased from Aug 23rd, 1949, to Sept 25, 1949, that I last saw the deceased alive on Sept 11, 1949 and that death occurred at 2:18 p.m., from the causes and on the date stated above.

23a. SIGNATURE AND TITLE OF PHYSICIAN: Gerald J. Willmann Coroner — H. Wachter M.D.
23b. ADDRESS: 3720 Washington St. Louis Mo
23c. DATE SIGNED: 9-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 9-26-49
24c. NAME OF CEMETERY OR CREMATORY: Valhalla
24d. LOCATION (City, town, or county): St Louis Co **(State)**: Mo

DATE REC'D BY LOCAL REG.: 9-26-49
REGISTRAR'S SIGNATURE: Hedwig C. Hoerler M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Mittelberg Funl Home Webster Groves Mo
(Licensed Embalmer's Statement on Reverse Side)

WG-59

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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed .....

Licensed Embalmer No. 2971

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.