

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 2863

262

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 22 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1140 N. Leonard		d. STREET ADDRESS (If rural, give location) 1140 N. Leonard Ave	
3. NAME OF DECEASED a. (First) James b. (Middle) Norwood c. (Last)		4. DATE OF DEATH Jan. 8-1950	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 22, 1889
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 10 Days 19	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Bank	11. BIRTHPLACE (State or foreign country) Little Rock ARK.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John Norwood	
13b. MOTHER'S MAIDEN NAME Emma Burton		14. NAME OF HUSBAND OR WIFE Prena Norwood	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Nettie CARR		ADDRESS 2409 Forest - Kansas City, Mo.	
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) Bronchogenic Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1624			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 20 Dec, 1949, to 8 Jan, 1950, that I last saw the deceased alive on 7 Jan, 1950, and that death occurred at 11 1/2 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. A. Nuelle M.D.		23b. ADDRESS 3524 Franklin	
23c. DATE SIGNED 1-9-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-11-1950	
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REGISTRAR JAN 10 1950		25. FUNERAL DIRECTOR'S SIGNATURE Atkins & Brod. 3644 Furney	

(Licensed Embalmer's Statement on Reverse Side)

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

2009

MAY 8 1950

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 Louis V. Atkins.....

Licensed Embalmer No. 2842.....

P. O. Address 3644 Finney.....

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.