

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25121
Registrar's No. 5926

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olivette</u>	
c. LENGTH OF STAY (in this place) <u>60 days</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hosp</u>	
e. STREET ADDRESS <u>#2 Ladue Hills</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-28-50</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BLANCHE</u> b. (Middle) <u>Burton</u> c. (Last) <u>Norwine</u>		5. SEX <u>F</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 6 1879</u>		9. AGE (In years last birthday) <u>70 yrs</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Nashville Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Andrew J. Burton</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Bordeser</u>	
13c. NAME OF HUSBAND OR WIFE <u>Lloyd E. Norwine</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd E. Norwine</u> ADDRESS <u>#2 Ladue Hills</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Hypertension Ch Essential</u>		year	
DUE TO (c) <u>Cause Body Wk.</u>		2 yr	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
19a. DATE OF OPERATION <u>7/10/50</u>		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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>HtHtX</u>			
22. I hereby certify that I attended the deceased from <u>1940</u> , 19 <u> </u> , to <u>7/8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7/8</u> , 19 <u>50</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Shoemaker</u> (Degree or title)		23b. ADDRESS <u>408 Wumpoedy</u>	
23c. DATE SIGNED <u>7/10/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 11, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>JUL 10 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin J. Sasser</u>		ADDRESS <u>Capitol Delmar</u>	

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 617 5th St

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 25121

State of..... }
County of..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of birth death

for Blanche Norwine ~~born~~ died 7-8-1950, 19....., in the State of

Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 3 should read Blanche Norwine

Instead of.....

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wm B. Anderson Fun. Dir
Relationship.

6175 Delmar

Present Address.

Subscribed and sworn to before me this 10 day of October, 1950

My Commission expires 3-4-53 E. A. Paddock Notary Public.