

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35185

State File No. 3357

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo. 2057</u>		d. STREET ADDRESS (If rural, give location) <u>5815 Cates Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nathan</u>			b. (Middle) _____		c. (Last) <u>Norris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cold</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 8</u>		9. AGE (In years, less birthdate) <u>abt 68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sabarer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ala.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Not known</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Rollins</u>		14. NAME OF HUSBAND OR WIFE <u>Laurette Robinson 5815 Cates Ave</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Laurette Robinson 5815 Cates Ave</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Luetic Heart Disease</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>023X</u>			
22. I hereby certify that I attended the deceased from <u>9-16</u> , 19 <u>50</u> to <u>9-28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-28</u> , 19 <u>50</u> , and that death occurred at <u>9:30a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Larry Harris</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>10-3-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>		
DATE REC'D BY LOCAL REG. <u>OCT 4 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. L. Beal</u> ADDRESS <u>2726 Lucas Ave.</u>			

(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.....

.....  
working under my personal supervision.

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

Signed.....  
Student Embalmer

Signed.....

*Leroy H. Sannister*

Licensed Embalmer No. *4523*

P. O. Address. *3880 Euston*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.