

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

14545

3214

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2049					
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				STREET ADDRESS (If rural, give location) 6447 1/2 Dale Avenue				0			
3. NAME OF DECEASED (Type or Print)		a. (First) Lillian		b. (Middle) Veronica		c. (Last) Norman		4. DATE OF DEATH (Month) (Day) (Year) April 5 1951			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 17, 1904		9. AGE (In years last birthday) 47			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Grandview, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME James Henry Thompson			13b. MOTHER'S MAIDEN NAME Mary C. Shrode			14. NAME OF HUSBAND OR WIFE Roland J. Norman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 494-05-2010			17. INFORMANT'S SIGNATURE OR NAME Roland J. Norman			ADDRESS 6447 Dale Avenue St. Louis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>				INTERVAL BETWEEN ONSET AND DEATH 6 hrs.			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>				2 yrs.			
				DUE TO (c) <u>Coronary Occlusion</u>				2 yrs.			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension, diabetes mellitus, Hypothyroidism, obesity</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Heart</u>							
22. I hereby certify that I attended the deceased from <u>July 18, 1949</u> , to <u>April 5, 1951</u> , that I last saw the deceased alive on <u>April 5, 1951</u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Alfred M. Langenbrach</u>				(Degree or title) M.D.		23b. ADDRESS <u>6200 Hoffman Ave.</u>		23c. DATE SIGNED <u>April 5, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>4-7-1951</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>APR 5 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith</u>					
						ADDRESS <u>1450 Manchester Ave. Maplewood, 17, Mo.</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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....  
*H. J. Burgess*

Licensed Embalmer No. *4029*

P. O. Address.....  
*Maplewood*

**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.