

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37472**
Registrar's No. **10106**

FILED OCT 30 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dr. Paul		e. STREET ADDRESS (If rural, give location) 5569 Maple Blvd 2059	

3. NAME OF DECEASED
(Type or Print) **ANNE NORTON**
a. (First) **ANNE** b. (Middle) **NORTON** c. (Last)

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **5-22-1882** 9. AGE (In years last birthday) **71**

10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) **Housework** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John McNicholas** 13b. MOTHER'S MAIDEN NAME **Mary Henry** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) **No** 16. SOCIAL SECURITY NO. **Good** 17. INFORMANT'S SIGNATURE OR NAME **Good Mrs. June Breitbach** ADDRESS **5569 Maple**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
Metastatic carcinoma
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Metastatic carcinoma**
ANTECEDENT CAUSES
DUE TO (b) **Carcinoma of colon**
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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **153X**

22. I hereby certify that I attended the deceased from **October, 1950**, to **Oct. 22, 1953**, that I last saw the deceased alive on **Oct 22, 1953**, and that death occurred at **1:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **CS Norton** 23b. ADDRESS **539 N. Grand** 23c. DATE SIGNED **10-23-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Oct. 26, 1953** 24c. NAME OF CEMETERY OR CREMATORY **Calvary** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **OCT 23 1953** REGISTRAR'S SIGNATURE **Carl Smith MO** 25. FUNERAL DIRECTOR'S SIGNATURE **J. Quinn** ADDRESS **1389 Cedar Blvd**

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ronald Yahrke*.....
Licensed Embalmer No....*3917*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.