

STANDARD CERTIFICATE OF DEATH

State File No. **40950**

FILED NOV 24 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10543**

1. PLACE OF DEATH a. COUNTY 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois, b. COUNTY Madison.	
b. CITY (If outside corporate limits, write RURAL and give township) Town St. Louis, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Bethalto
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		e. STREET ADDRESS (If rural, give location) 511 Lincoln.	
3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) Owen	c. (Last) Norris
4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1953.		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 22, 1899.		9. AGE (In years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter		10b. KIND OF BUSINESS OR INDUSTRY Pipe Co.	
11. BIRTHPLACE (City and State or Foreign Country) Waltonville, Illinois.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Marion Norris		13b. MOTHER'S MAIDEN NAME Belle Harmon	
14. NAME OF HUSBAND OR WIFE Edna Fern		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil.	
16. SOCIAL SECURITY NO. 494-05-8866		17. INFORMANT'S SIGNATURE OR NAME Edna Fern Norris, Bethalto, Illinois	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of Left lung, ANTECEDENT CAUSES Intratracheal atherosclerosis; DUE TO (b) white undergoing pneumonectomy DURING (c) Jewish Hosp. Nov 4 1953 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. about 1245 per	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hosp.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 4 5312p		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 5270		22. I hereby certify that I attended the deceased from 19 to 19 , that I last saw the deceased alive on 19 , and that death occurred at 2nd St. m., from the causes and on the date stated above.	
23a. SIGNATURE Catrick Taylor, Curator		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 11.6.53.		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 11-5-53.		24c. NAME OF CEMETERY OR CREMATORY Local	
24d. LOCATION (City, town, or county) (State) Bethalto, Illinois.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
25. ADDRESS 4700 Washington.		DATE REC'D BY LOCAL REG. NOV 6 1953	
REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
25. ADDRESS 4700 Washington.		25. ADDRESS 4700 Washington.	

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..... *W W Wilkinson*

Licensed Embalmer No..... *35*

P. O. Address..... *St. Louis*

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.