

FILED JUN 24 1954

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH
State File No. **20399**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5422</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b>				b. COUNTY <b>7130</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MISSOURI</b>			c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>East St Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>8</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>1224 N.15th</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>NORMAN</b>		b. (Middle) <b>JACKSON</b>		c. (Last) <b>DOUGLAS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 15, 1954</b>	
5. SEX <b>Male</b> <input type="radio"/> <input checked="" type="radio"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct 8 1920</b>		9. AGE (In years last birthday) <b>33</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Window Cleaner</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Fort Worth Texas /</b>			12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Thomas Douglas</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Ruby Douglas</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Douglas</b>		ADDRESS <b>1224 N 15 East St L.</b>			
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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculosis meningitis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary tuberculosis, far advanced, active</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>002X</b>					
22. I hereby certify that I attended the deceased from <b>6-8-54</b> , 19____, to <b>6-15-54</b> , 19____, that I last saw the deceased alive on <b>6-15-54</b> , 19____, and that death occurred at <b>1250a</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Melvin L. Fair</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>6-15-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 17 54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis City Mo</b>				
DATE REC'D BY LOCAL REG. <b>JUN 17 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>E.J. Schnur</b>		ADDRESS <b>3125 Lafayette</b>		

(Licensed Embalmer's Statement on Reverse Side)

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 *Thomas R. Fenwick*.....

Licensed Embalmer No..... 3793

P. O. Address..... 3125 Lafayette

**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.**