

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21045

State File No. \_\_\_\_\_

BIRTH NO. 33400-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4476

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN <u>St Louis</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>St Louis</u>
c. CITY OR TOWN <u>St Louis</u>		d. STREET ADDRESS (If rural, give location) <u>921 Mound</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>		e. LENGTH OF STAY (in this place) <u>2 1/2</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Norman</u>	b. (Middle)	c. (Last)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>--</u>	8. DATE OF BIRTH <u>May 3 1954</u>
9. AGE (in years last birthday)	# UNDER 1 YEAR	# UNDER 1 YEAR	# UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>--</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>--</u>
13a. FATHER'S NAME <u>John E. Norman</u>		13b. MOTHER'S MAIDEN NAME <u>Irene Nelson</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>--</u>	
16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irene Norman</u> ADDRESS <u>921 Mound St. Louis Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central atelectasis of lungs</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES <u>Nepotomegaly: Splenomegaly</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b) <u>underlying cause</u>		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 <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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7593</u>	
22. I hereby certify that I attended the deceased from <u>May 3</u> , 19 <u>54</u> , to <u>May 4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 4</u> , 19 <u>54</u> , and that death occurred at <u>12:30 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John J. McDonald M.D.</u>		23b. ADDRESS <u>630 S. Kingshighway</u>	23c. DATE SIGNED <u>5/7/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-31-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>MAY 19 1954</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Baker</u> ADDRESS <u>410 1/2 Mandeville</u>	

(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 .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

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