

FILED FEB 10 1956

State File No. ....

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|--|--|--|--|---|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>317</u>  |  | PRIMARY REG. DIST. NO. <u>546</u>   |  | Registrar's No. <u>203</u>   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St Louis</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u> |  |  |   |  |
| b. CITY OR TOWN <u>Overland</u>  |  | c. LENGTH OF STAY (in this place) <u>1 yr</u>  |  | c. CITY OR TOWN <u>Bonne Terre</u>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lackland Nursing Home</u>   |  |  |  | STREET ADDRESS (If rural, give location) <u>NONE</u>  |  |  |   |  |
| 3. NAME OF DECEASED (Type or Print) <u>William</u>   |  | a. (First)   |  | b. (Middle) <u>Harry</u>  |  | c. (Last) <u>Norwine</u>   |   |  |
| 4. DATE OF DEATH   |  | Month <u>Jan</u>   |  | Day <u>20</u>   |  | Year <u>1956</u>   |   |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>   |  | 8. DATE OF BIRTH <u>Sep 8, 1883</u>  |   |  |
| 9. AGE (In years last birthday) <u>72</u>  |  | IF UNDER 1 YEAR Months _____ Days _____  |  | IF UNDER 1 YEAR Hours _____ Min. _____  |  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Bonne Terre Mo</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |   |  |
| 13a. FATHER'S NAME <u>William Norwine</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Martha Mc Farland</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>None</u>   |  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>Nil</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mabel French Winter Park Fla</u> ADDRESS _____   |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>anemia</u><br>ANTECEDENT CAUSES <u>Myocarditis</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u> |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u>   |  |   |  | 20. AUTOPSY? YES <input 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?  |  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Jan 1, 1955</u> , to <u>Jan 20, 1956</u> , that I last saw the deceased alive on <u>Jan 19, 1956</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above. |  |  |  |   |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>H. A. Schumacher M.D.</u>  |  |  |  | 23b. ADDRESS <u>8863 Lindot</u>   |  | 23c. DATE SIGNED <u>1-20-56</u>  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   |  | 24b. DATE <u>1-21-56</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo</u>  |   |  |
| DATE REC'D BY LOCAL REG. <u>1-21-56</u>  |  | REGISTRAR'S SIGNATURE <u>Hubert B. Dombke M.D.</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington</u>   |  |  |   |  |

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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.....

Licensed Embalmer No. 3153

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.

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