

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18403**

No. 300

10.48

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5209</b>		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY				
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place township) <b>2740</b>		c. CITY OR TOWN <b>St. Louis</b>		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 <b>Homer G. Phillips</b>				e. STREET ADDRESS (If rural, give location) <b>21 3429 Pine St.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Florida</b> b. (Middle) <b>Mae</b> c. (Last) <b>Norful</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-25-1956</b>					
5. SEX <b>female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>5-27-1913</b>		9. AGE (In years last birthday) <b>42</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City or State or Foreign Country) <b>Memphis, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>James Bell</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Wiley Norful</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lela Baker</b> ADDRESS <b>3444 Pine St. Louis</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular Embolism;</b> ANTECEDENT CAUSES <b>Fracture of Left Femur;</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Due to (b) suffered in fall on wet floor at home at #18</b> II. OTHER SIGNIFICANT CONDITIONS <b>Shillshire Terrace, Webster Groves, Mo., on May 18th</b> 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 <b>1956.</b>			19. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) <b>Home</b>		21c. (CITY, TOWN OR TOWNSHIP) <sup>20</sup> <b>Webster Groves</b> (COUNTY) <b>Mo</b> (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 18 56 ? m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>135</b>				
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 <b>2:50 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Joseph M. Smith, M.D.</b> (Degree or title)				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>5/29/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-31-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>			
DATE REC'D BY LOCAL REG. <b>MAY 31 1956</b>		REGISTRAR'S SIGNATURE <b>Joseph M. Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Dunn Funeral Home</b> ADDRESS <b>215 S. Jefferson</b>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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*[Faint handwritten notes]*

**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 *[Signature]* .....

Licensed Embalmer No. *219* .....

P. O. Address *2719* .....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (F  
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.