

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44379

FILED DEC 20 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2835

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| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHARLACK VILLAGE</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHARLACK VILLAGE</u> | |
| c. LENGTH OF STAY (in this place) <u>years</u> | | d. STREET ADDRESS (If rural, give location) <u>2750 WALTON</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2750 WALTON</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>OLIVER</u> | a. (First) | b. (Middle) <u>EDWARD</u> | c. (Last) <u>NORTON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-30-1956</u> |
|---|------------|---------------------------|-------------------------|---|

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|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|------------------------|------|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>APRIL 12 1896</u> | 9. AGE (In years last birthday) <u>60</u> | If UNDER 1 YEAR Months | If UNDER 1 YEAR Days | If UNDER 24 HRS. Hours | Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|------------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PROFESSOR</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>WASHINGTON UNIVERSITY</u> | 11. BIRTHPLACE (State or foreign country) <u>UNK - SOUTH DAKOTA</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA (DEAD)</u> |
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| 13a. FATHER'S NAME <u>UNK. NORTON</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>EVELYN ROBERTS NORTON</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES WWI</u> | 16. SOCIAL SECURITY <u>496-28-5198</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>BEVERLEY POLACK HOWELL</u> | ADDRESS <u>MICHIGAN</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 1948, to April, 1956, that I last saw the deceased alive on April, 1956, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>R H Kohler MD</u> | (Print name or title) | 23b. ADDRESS <u>3448 Brown Rd St Louis</u> | 23c. DATE SIGNED <u>12-1-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL <u>CREMATION</u> | 24b. DATE <u>12-3-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>VAL HALL CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>PAGE DALE MO</u> |
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| DATE REC'D BY LOCAL REG. <u>12-3-56</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>EARL Hilleman</u> | ADDRESS <u>9709 LACKLAND RD</u> |
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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

Carl J. Hillman

Licensed Embalmer No. 3501

P. O. Address Orlando 14 FLA

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.