. Health,
& Welfare
. Public
h Service

S. 300
v. 1-57

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

46167
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12179

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St.Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St.Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 4906 Forest Park — Length of stay in 1b 3 yrs.	d. STREET ADDRESS (If outside, give location) 12 4906 Forest Park — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Alice	Middle L.	Last Norman	4. DATE OF DEATH Month December Day 17, Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH March 25,1873
9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Henry Co.,Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME VanBuran Allbritten	13b. MOTHER'S MAIDEN NAME Sarah Caldwell	14. NAME OF HUSBAND OR WIFE Asa Norman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs.Earl W.Evans, Address 4906 Forest Park Blvd.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral vascular Thrombosis	7 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis, general	10± yrs.
DUE TO (c)	Age	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic heart disease, auricular fibrillation

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 332x

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 28/1954, to Dec 17, 1957 and last saw her/him alive on Dec 17

Death occurred at 6:35A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Fred Jean M. D.	22b. ADDRESS 4500 W. PINE, St Louis 8 Mo	22c. DATE SIGNED 12-17-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-17-57	23c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery
23d. LOCATION (City, town, or county) (State) Dexter, Mo.		
24. FUNERAL DIRECTOR ADDRESS Albert H.Hoppe, 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG. DEC 18 '57	26. REGISTRAR'S SIGNATURE J Earl Smith MD MJB.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

MAR 1958

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 Jwm Bonkley

Licensed Embalmer No. 3657

P. O. Address St Louis 8 M

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.