

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011248
State File No.

FILED APR 7 1959
BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's 2 2893

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 St. Louis		c. LENGTH OF STAY (In this place) 24 hours	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 1011 Nelson Court	
3. NAME OF DECEASED a. (First) Robia		b. (Middle) Norris	c. (Last) Norris
4. DATE OF DEATH		5. SEX male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH July 31, 1891		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Gran digger	11. BIRTHPLACE (State or foreign country) Anna Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Norris	
13b. MOTHER'S MAIDEN NAME Jane Jones		14. NAME OF HUSBAND OR WIFE Mary Edith Norris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 492-01-4382	17. INFORMANT'S SIGNATURE OR NAME Mary Edith Norris
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.0	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 12:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Patrick Taylor Carraway		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 3.25.59
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 24/59	24c. NAME OF CEMETERY OR CREMATORY St. Matthew Cem.	24d. LOCATION (City, town, or county) St. Louis (State) Mo
DATE REC'D BY LOCAL REG. MAR 23 59	REGISTRAR'S SIGNATURE Earl Smith. M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bull-Campbell Mortuary 5765 Adams St.	

M. D. 13.

(Licensed Embalmer's Statement on Reverse Side)

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

Elmo R. Sadwell

Licensed Embalmer No. *4077*

P. O. Address *St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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