SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3457 STATE FILE NUMBER 61-047338

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy — Length of stay in 1b 4 mos 8 days

c. CITY OR TOWN St. John — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles The 1st Home — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2940 Ridgeway — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Elizabeth Middle F. Last Norteman

4. DATE OF DEATH Month 12 Day 6 Year 1961

5. SEX F

6. COLOR OR RACE W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5-5-1870

9. AGE (last birthday) 91

IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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 Own Home

11. BIRTHPLACE (City and state or country) Creve Coeur, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Lorena Friermuth

13b. MOTHER'S MAIDEN NAME — Bodensiek

14. NAME OF HUSBAND OR WIFE William H. Norteman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT William H. Norteman Address St. John 2940 Ridgeway

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 5 yr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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

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 Nov 1955, to 12/6/61 and last saw her/him alive on 12/6/61

Death occurred at 12:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) MD

22b. ADDRESS 1506 Hodiamont

22c. DATE SIGNED 12/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-8-61

23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery

23d. LOCATION (City, town, or county) Wellston, Mo. (State)

24. FUNERAL DIRECTOR Baumann Bros. Inc. ADDRESS 2504 Woodson Rd., Overland, 14, Mo.

25. DATE RECD. BY LOCAL REG. 12-7-61

26. REGISTRAR'S SIGNATURE [illegible] M.D.

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed A. C. Gibson

Signature of Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 14 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.