

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1928

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1170 File No. 14766
 Township Central Primary Registration District No. 6248H Registered No. 101
 City St. Louis (No. St. Mary's Hosp) St. _____ Ward _____

2. FULL NAME

Edwin W. Norton
 (a) Residence. No. 1389 Hamilton Ward. St. Louis, Mo.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

April 29-1872

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, _____ hrs. or _____ min.

55 | 11 | 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Asst. Purchasing Agent, General Electric Co.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Franklin
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER

Frank H. Norton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

New York
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Lucy Hinman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Rayville
 (STATE OR COUNTRY) New York

14. INFORMANT

Grace E. Norton
 (Address) 1389 Hamilton

15. FILED

4/26 28 C. C. Jensen
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24 1928

17. I HEREBY CERTIFY, That I attended deceased from March 9, 1928, to April 24, 1928 that I last saw him alive on April 21, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prostate cancer - chronic

CONTRIBUTORY (SECONDARY) Cancer of Prostate

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 14 1928

WHAT TEST CONFIRMED DIAGNOSIS? Operative findings

(Signed) Claude W. Pichel, M. D.
April 24, 1928 (Address) 653 Century Pl.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Valhalla Crematory DATE OF BURIAL Apr 26 1928

20. UNDERTAKER

Wagoner ADDRESS 3621 Olive

