

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

Do not use this space.

34692

OCT 11 1934

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Deaconess Hospital**)

File No.
Registered No. **9553** St. Ward)

2. FULL NAME

Edwin J. Norris M. D.

(a) Residence, No. **3724 Brown Rd. St. 7R** Ward.

(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 Male | | 4. COLOR OR RACE White | | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannette A. Norris | | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9-1868 | | | | | |
| 7. AGE | | YEARS 66 | MONTHS 4 | DAYS 15 | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician | | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | | | |
| | 10. Date deceased last worked at this occupation (month and year) | | | | |
| 11. Total time (years) spent in this occupation | | | | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redding Iowa | | | | | |
| MOTHER | 13. NAME Geo. H. Norris | | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wauveel Ohio | | | | |
| | 15. MAIDEN NAME Hattie Shaw | | | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa | | | | | |
| 17. INFORMANT Mrs. Nannette A. Norris (ADDRESS) 3724 Brown Road | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL Valhalla Cem DATE Sept 29th 1934 | | | | | |
| 19. UNDERTAKER C. R. Lupton & Sons (ADDRESS) 4449 Olive Street | | | | | |
| 20. FILED SEP 28 1934 J. J. Bredek Registrar. | | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 26th 1934**

22. I HEREBY CERTIFY, That I attended deceased from **9/22**, 1934, to **9/26**, 1934.
I last saw him alive on **9/26** 5:30 1934. Death is said to have occurred on the date stated above, at **5 p.m.**
The principal cause of death and related causes of importance were as follows:
10: Acute Lobar Pneumonia Date of onset **9/24/34**

Other contributory causes of importance:
705

Name of operation... **Physic & Spleen** Date of...
What test confirmed diagnosis? **Sig** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **John O. O'Neill**, M. D.
(Signed) **John O. O'Neill**
(Address) **Overland mo.**

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.

10300 Lakeland, Rd.
Wabash 110
After 3: P.M.