

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

JAN 24 1938

46732
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 790
 (b) Township _____ Primary Registration District No. 6033a
 (c) City Clayton (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY NORRISH

(a) Residence, No. 11 Dartford Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
79 3 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Illinois

FATHER 13. NAME Geo. Barraclough

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Magdelene Oettle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Henrietta M. Flornreich
11 Dartford Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Dec. 20, 1937

19. FUNERAL DIRECTOR (ADDRESS) Alexander + Sons
6175 Delmar Blvd.

20. FILED 12-18 1937 Dr. A. J. Signorelli
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937, to Dec 17, 1937
 That saw her alive on Dec 16, 1937 Death is said to have occurred on the date stated above, at 1:30am.

The principal cause of death and related causes of importance were as follows:

Primary Carcinoma of left breast.
50

Other contributory causes of importance:
Secondary involvement of right breast & axilla
metastases

Name of operation 200 Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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?
 If so, specify _____
 (Signed) A. J. Signorelli, M. D.
 (Address) 2206 Howard St.

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.

2206 Howard S
1st Ave 9.30

APR 24 1944

STATEMENT BY LICENSED EMBALMER

I, J. Wm Binkley, Licensed Embalmer No. 3653

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. and Ernst Oltman, Registered Apprentice No. X X
or by working under my personal supervision.

Signed J. Wm Binkley
Licensed Embalmer No. 3653

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.)