

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

NOV 13 1939 791
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6105 Idaho Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 1
(If outside city or town limits, write "RURAL")
(d) Street No. 6105 Idaho
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Annie Norton 635
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Fem 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Apr. 3, 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 7
year 1939 hour _____ minute 150 M.
21. I hereby certify that I attended the deceased ~~from~~ Oct 7, 1939 to _____, 19____;
that I last saw her alive on Oct 7, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
83 6 4 _____ hr. _____ min.
9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Immediate cause of death Cachexia Duration _____
Due to Cancer of orbit with metastasis 4-5 years
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Nil
11. Industry or business _____
12. Name Charlie Gordon
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Estel Wright
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

Major findings: Exenteration about 2 yrs ago - St. Judes Hospital
Of operations _____
Of autopsy _____

16. (a) Informant's own signature Judy Bannan
(b) Address 6105 Idaho Ave
17. (a) Burial (b) Date thereof 10/12/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sumner
18. (a) Signature of funeral director M. J. ...
(b) Address 3517 ...
19. (a) OCT 11 1939 (b) J. ...
(Date received local registrar)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Burchard Street (M. D. or other) 1 M. D.
Address 6006 Virginia Avenue Date signed 10/10/39

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

P. W. Sheen

Licensed Embalmer No. 1173

P. O. Address. 3517 So. Slide

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.)

If this body is not embalmed, above space should be left blank.