

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.

Registration District No. **791** Primary Registration District No. **4008**

1. PLACE OF DEATH:
(a) County **St. Louis mo**
(b) City or town **St. Louis mo**
(c) Name of hospital or institution:
BARNES HOSPITAL
(d) Length of stay: In hospital or institution. _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **mo** (b) County **St. Louis**
(c) City or town **St. Louis mo**
(d) Street No. **7424 University**
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **NORTON, HAZEL ELIZABETH**
3. (b) If veteran, name war **NONE**
3. (c) Social Security No. **NONE**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Thomas F. Norton**
6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **October 17 1890**

8. AGE: Years **49** Months **0** Days **12**
If less than one day hr. _____ min. _____

9. Birthplace **St. Joseph Missouri**

10. Usual occupation **at home**

11. Industry or business **house wife**

MOTHER FATHER
12. Name **Ellsworth E. Hurlbut**
13. Birthplace **Clayton Iowa**
14. Maiden name **Leann M. Hearn**
15. Birthplace **Clayton Iowa**

16. (a) Informant's own signature **Thomas F. Norton**
(b) Address **7424 University Drive**

17. (a) entombment (b) Date thereof **Oct. 31/39**
(c) Place: burial or cremation **Oak Grove Mausoleum**

18. (a) Signature of funeral director **C. R. Lupton & Sons**
(b) Address **7233 Delmar Ave. St. Louis**

19. (a) **OCT 30 1939** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **10** day **29**
year **1939** hour **12** minute **35 P. M.**
21. I hereby certify that I attended the deceased from **5-24**
to **10-29**, 19**39**, to **10-29**, 19**39**
that I last saw **her** alive on **10-29**, 19**39**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bilateral Bronchopneumonia**
Due to **Carcinoma of Cervix Uteri & local & general Metastasis**
Due to **Metastasis**

Other conditions (Include pregnancy within 5 months of death) **NO**

Major findings: Of operations _____
Of autopsy **Bilateral Bronchopneumonia Cancer Cervix & metastasis**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **Geo. B. Parkloff M. D.** (M. D. or other) _____
Address **BARNES HOSPITAL** Date signed **10/30/39**

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.....

Don K. Mueckling
working under my personal supervision.

Registered Apprentice No. *219*

Signed *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo.*

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.