

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12577

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3007

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town \_\_\_\_\_

(c) Name of hospital or institution: Homer G. Phillips Hospital 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days

(Specify whether \_\_\_\_\_)

In this community 10 years

(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town St. Louis, 1720

(If outside city or town limits write "RURAL")

(d) Street No. 1513 N. Leffingwell,

(If rural, give location)

(e) ~~U.S. born, born in U.S. \_\_\_\_\_ years.~~ 54 years. 0

3. (a) PRINT FULL NAME Lucy Lucas-Norman.

3. (b) If veteran, name war no,

3. (c) Social Security No. no,

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd,

year 1941. hour 3:45 minute 4. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Garn Norman

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: May 15th, 1886.

(Month) (Day) (Year)

Immediate cause of death

Chronic Myocarditis

Chronic Myocarditis

Due to Chronic Myocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>10</u>	<u>13</u>	hr. min.

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Starksville, Miss.

(City, town, or county) (State or foreign country)

10. Usual occupation Domestic duties,

11. Industry or business House-work,

12. Name Osborne Wright.

13. Birthplace Mississippi.

(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace Dont Know Miss.

(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 121

Of autopsy \_\_\_\_\_

MOTHER FATHER

16. (a) Informant Mr. Kenneth Curtis

(b) Address 1513 N. Leffingwell.

17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof 4-9-41

(Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director Robert Thomas

(b) Address 2812 Thomas St, St Louis,

19. APP - 5 1941 (b) J. W. Bredrup

(Date received by registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

(Specify type of place)

While at work? (a) Means of injury \_\_\_\_\_

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 4/16/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3  
17  
9

**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.....

*myself*....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *[Signature]*.....

Licensed Embalmer No. *7266*.....

P. O. Address *2812 Thomas*.....

**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.**