

FILED FEB 24 1942

Registration District No. 799Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
509 Chestnut St. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME CHARLES W. NORRIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 30, 1915
(Month) (Day) (Year)8. AGE: Years 26 Months 1 Days 1 If less than one day hr. _____ min. _____9. Birthplace DETROIT MICH.
(City, town, or county) (State or foreign country)10. Usual occupation SOLDIER11. Industry or business U.S. ARMY12. Name ALFRED G. NORRIS13. Birthplace UNAVAILABLE
(City, town, or county) (State or foreign country)14. Maiden name UNAVAILABLE15. Birthplace UNAVAILABLE
(City, town, or county) (State or foreign country)16. (a) Informant's own signature J. F. Handman(b) Address Belleville, Ill.17. (a) REMOVAL (b) Date thereof 1-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation BELLEVILLE ILL.18. (a) Signature of funeral director J. F. Handman(b) Address Belleville, Ill.19. (a) 1001 (b) J. F. Bondack
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County ST. FLAIR
 (c) City or town SEOTT FIELD
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 1
year 1942 hour 1:30 minute P. 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.

Immediate cause of death Depressed fracture of the Skull, Laceration of the Brain,External Hemorrhage from numerousDue to lacerations of both wrists andarms inflicted while in the act ofDue to self destruction between the hoursof 8:00 A.M. and 1:30 P.M., and whileOther conditions occupying room #406 of theWoodbine Hotel, 509 Chestnut St.Major findings: Of operations January 1, 1942.Of autopsy 1:30

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide(b) Date of occurrence Jan. 1, 1942(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place)

(e) Means of injury _____

23. Signature Thomas J. Callahan (M. D. or other)Address Deputy Coroner Date signed 1/2/42

