

FILED DEC 21 1942
Registration District No. **818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution:
Christian Hospital
(d) Length of stay: In hospital or institution. **2 weeks**
In this community **35 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(d) Street No. **5332 Union Ave**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. **0**

3. (a) PRINT FULL NAME **Thomas K. Norris**
(b) If veteran, name war **None**
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **7th**
year **1942** hour **8:40 PM** minute _____ M.
21. I hereby certify that I attended the deceased from **11/25/42**
to **12-7/42**
that I last saw him alive on **12-7-42**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Lillian** (c) Age of husband or wife if alive **47** years
7. Birth date of deceased **August 16, 1893**

Immediate cause of death **Acute dilatation of heart**
Duration **10 min**

8. AGE:	Years	Months	Days	If less than one day
	49	3	21	hr. _____ min. _____

Due to **Gangrene of Jejunum**
Due to **extravasation of urine into scrotum from phontanous**
Other conditions **rupture of urethra which in turn was due to**
Major findings: **old urethra structure**
Of operations _____
Of autopsy **2/20**

9. Birthplace **Unknown Greece 6**
10. Usual occupation **Prop. resturant**

11. Industry or business _____
12. Name **Unknown**
13. Birthplace **Unknown Greece 6**
14. Maiden name **Unknown**
15. Birthplace **Unknown Greece 6**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Lillian Norris**
(b) Address **5332 Union Ave**
17. (a) **Burial** (b) Date thereof **12/11/42**
(c) Place: burial or cremation **Calvary Cemetery**
18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**
19. (a) (Date received local registrar) **DEC 10 1942**
(b) (Registrar's signature) **J. F. Brueck**

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 **Erwin S. Cressler** (M.-D. or other) _____
Address **748 Lemay Ferry Rd** Date signed **12/9/42**

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

Signed..... *Francis A. Williamson*
Licensed Embalmer No..... *3565*
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, fact should be so stated above.