

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16438

State File No. 4450

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

## 1. PLACE OF DEATH:

(a) County.....  
 (b) City or town. **ST. LOUIS, MO.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**4202 W. Finney 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. **27 Years**  
 years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County.....  
 (c) City or town. **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4202 W. Finney Ave.**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **HATTIE NORMAN**

3. (b) If veteran. -- name war..... 3. (c) Social Security No. **None**

4. Sex. **Female** 5. Color or race. **3 Negro** 6. (a) Single, widowed, married. **2 divorced. Widow**

6. (b) Name of husband or wife. **Shed Norman** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. **April 11 1883**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**60 0 27** hr. min.

9. Birthplace. **JEFFERSON, TEXAS.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation. **House Wife**

11. Industry or business. ---

12. Name. **Unavailable Perry**

13. Birthplace. **Unknown**  
 (City, town, or county) (State or foreign country)

14. Maiden name. **Unavailable**

15. Birthplace. **Unknown**  
 (City, town, or county) (State or foreign country)

16. (a) Informant. **Robert Russell (Son-in-law)**

(b) Address. **4202 W. Finney Ave**

17. (a) **Burial** (b) Date thereof. **May 13/43**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Green Wood Cem.**

18. (a) Signature of funeral director. **Chas J. Gates**

(b) Address. **4107 Finney Ave**

19. (a) **MAY 13 1943** (b) **J. F. Bredeek**  
 (Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8th.**  
 year **1943** hour **11:45** minute **A** M.

21. I hereby certify that I attended the deceased from **April - 12th - 1943** to **May 8th - 1943**  
 that I last saw her alive on **May - 8th - 1943**  
 and that death occurred on the date and hour stated above.

Immediate cause of death. **Acute Pulmonary Bronchitis and Chronic Paronychia of Nipples**  
 Due to.....

Due to.....  
 Other conditions (Include pregnancy within 3 months of death)

Duration

**April 12th 1943 to May 8th 1943**

## PHYSICIAN

Major findings:  
 Of operations.....

Of autopsy.....

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?

While at work? (Specify type of place) (e) Means of injury. **D**

23. Signature. **Oscar William Johnson, M.D.** (or other).....  
 Address. **1046 N. Woodmont** Date signed. **5-8th-43**

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
**William C. McDowell**....., Registered Apprentice No.....  
working under my personal supervision.

Signed *William C. McDowell*  
Licensed Embalmer No. **2114**

P. O. Address **1117 N. Taylor Ave.**

**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.**