. No. 2
1—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 7 1946

State File No. 6215

Registration District No. 161 Primary Registration District No. 5594 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Jefferson County

(b) City or town House Springs Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Meramec M

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town House Springs 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Bessie Ellen Norris

3. (b) If veteran, name war No

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 Charles A. Norris

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

7. Birth date of deceased September (Month) 10 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
53	4	21	hr. min.

9. Birthplace Tipton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Daley Snorgrass 0
13. Birthplace California Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Robinson
15. Birthplace California Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Charles A. Norris
(b) Address House Springs, Missouri

17. (a) Entombment (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director ROBERT J. AMBRUSTER, INC.
(b) Address 6633 Clayton Road, St. Louis 17

19. (a) Feb 13 1946 (Date received local registrar) (b) Mrs J H Huekelo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11 year 1946 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from 16 Jan 46 to 11 Feb 1946 that I last saw her alive on 10 Feb 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Brain — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

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 (e) Means of injury 0

23. Signature James A Fourneaux M.D.

Address House Springs Mo Date signed 2/13/46

(Licensed Embalmer's Statement on Reverse Side)

5198

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-6-46

JUL 30 1958

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 Robert Vandervoort

Licensed Embalmer No. 1994

P. O. Address 6633 Clayton Road, St. Louis

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.