S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 6 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40029

Registrar's No. 10771

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 23 years

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. 4243 E Finney
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Andrew Norris
3. (b) If veteran, name war NO
3. (c) Social Security No. 490-14-9492
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanche NORRIS
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Jan. (Month) 18 (Day) 1899 (Year)

8. AGE: Years 48 Months 10 Days If less than one day hr. min.

9. Birthplace Miss. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name George Norris, Sr
13. Birthplace Miss. (City, town, or county) (State or foreign country)
14. Maiden name Ella Norman
15. Birthplace Miss. (City, town, or county) (State or foreign country)
16. (a) Informant Blanche Norris
(b) Address 4243 E FINNEY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PARK CE
18. (a) Signature of funeral director BOYD BROS
(b) Address 3704 FINNEY
19. (a) NOV 24 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1947 hour 10 minute xx P.M.

21. I hereby certify that I attended the deceased from Nov. 15, 1947, to Nov. 19, 1947, that I last saw him alive on Nov. 19, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Prostate with Metastasis — Duration: Undet.
Due to
Due to
Other conditions No
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause of 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

23. Signature Oscar L Daniels (M. D. or other)
Address 2601 N Whittier Date signed 11/21/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 Pagl

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.

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