

No. 2
-1/47
-17-39

National Office of Vital Statistics

FILED FEB 9 1948
Registration District No. **219**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County..... **St. Louis**

(b) City or town..... **Manchester**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution..... **Pine Crest Nursing Home**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis** **96**

(c) City or town..... **Overland** **13**
(If outside city or town limits, write "RURAL")

(d) Street No..... **3131 La Vista Dr.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Addie Mae Norman**

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..... **Widow**

6. (b) Name of husband or wife..... **George Norman**

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

7. Birth date of deceased..... **July 18 1877**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	6	7 hr. min.

9. Birthplace..... **Georgetown, Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business.....

12. Name..... **John Wills**

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

14. Maiden name..... **Unknown Rooney**

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

16. (a) Informant..... **Mrs. W. W. Robinson**

(b) Address..... **Americus, Georgia**

17. (a) **Removal** (b) Date thereof..... **1-25-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Americus, Ga.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4700 Washington Blvd.**

19. (a) **1-23-48** (b) **George J. Harms**
(Date received local Registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **January** day..... **25th** year..... **1948** hour..... **7** minute..... **30** A. M.

21. I hereby certify that I attended the deceased from..... **January 17th 1948** to..... **January 25th 1948** and that death occurred on the date and hour stated above.

that I last saw h. or alive on..... **January 24th 1948**

Immediate cause of death..... **Cerebral Hemorrhage**

Due to.....

Due to..... **958**

Other condition..... **Chronic Myocarditis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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..... **6**

23. Signature..... **R. J. Jansen** (M. D. name)

Address..... **Manchester Mo** Date signed..... **1/28/48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

W. W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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.