S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10973

FILED APR 5 1948

Registration District No. 3949

Primary Registration District No. 2002

Registrar's No. 768

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Christian Old People's Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mon. (Specify whether
In this community 7 mon.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town University City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 6600 Washington 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry G. Norton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Kittie Huntington NORTON

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased October (Month) 12 (Day) 1861 (Year)

8. AGE: Years 86 Months 5 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Painesville (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Nurseryman Retired

11. Industry or business Florist

FATHER
12. Name Arunah Norton
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Mary Stanhope
15. Birthplace Painesville (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Mrs. Kittie Norton
(b) Address 6600 Washington Ave. U City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue

19. (a) 3-23-48 (Date received local registrar) (b) Cecil J. Shay MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22, 1948
year ..... hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from Mar. 20, 1948, to Mar 22, 1948; that I last saw him alive on Mar. 21, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: apoplexy	3 days
Due to: Hypertension	
Due to: 83	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 T. Rhyars (M. D. ~~or other~~)

Address 607 N. Grand Date signed 3.22.48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Elmer R. Cadwell

Licensed Embalmer No. 4077

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.