FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21195

Registrar's No. 5284

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: St. Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

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

(d) Street No. 5712 Lucas Hunt Rd 0
(If rural, give location)

(e) Citizen of foreign country? U.R. No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME infant Thomas Norris

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 31 (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 28 If less than one day hr. min.

9. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Tom K. Norris
13. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorothy L. Morice
15. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Tom K. Norris
(b) Address 5712 Lucas Hunt Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F Futz
(b) Address 4828 Nat Bridge Blvd

19. (a) JUN 28 1948 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1948 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6-26, 1948 to 6-28, 1948
that I last saw him alive on 6-28, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	9 days?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

107

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 William A. Sterner (M. D. or other) MD
Address St Johns Hosp. Date signed 6-28-48

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.....Ralph E. Linders

Licensed Embalmer No.....4225

P. O. Address.....St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.