

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2862

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **288**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** *2139*

d. FULL NAME OF HOSPITAL OR INSTITUTION **City Hospital #1**

d. STREET ADDRESS (If rural, give location) **5032 Vernon Ave**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Adchibald** b. (Middle) **Palmer** c. (Last) **Norton**

4. DATE OF DEATH (Month) (Day) (Year)  
**Jan 9th, 1950**

5. SEX **Male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **divorced 2**

8. DATE OF BIRTH **Mar 22nd, 1891**

9. AGE (In years last birthday) **58** IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Butcher**

10b. KIND OF BUSINESS OR INDUSTRY **Packing**

11. BIRTHPLACE (State or foreign country) **Christian Co**

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **Leander Norton**

13b. MOTHER'S MAIDEN NAME **Holly Grey Payne**

14. NAME OF HUSBAND OR WIFE **Julia Norton**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**J. Fanghanel, 832 Canaan Ave**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Phenol poisoning self administered in garage in rear of his home Jan**

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**Jan 9, 1950 about 5:23 pm**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION **Suicide**

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOME (Specify) **Suicide**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
**St. Louis Mo 17010**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Jan 9 5:23 pm**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Patrick E Taylor Cor 3**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **1-11-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal**

24b. DATE **1/12/50**

24c. NAME OF CEMETERY OR CREMATORY **Payne Cemetery**

24d. LOCATION (City, town, or county) (State) **Springfield, Mo.**

DATE REC'D BY LOCAL REG. **JAN 11 1950**

REGISTRAR'S SIGNATURE *[Signature]*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Diedrich F. Home 8319 Hallaferry**

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

2009  
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**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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edon H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.