

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6430 1251

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY				a. STATE <b>MISSOURI</b>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS</b> )				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ENROUTE CITY HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>#2449 A LAFLIN</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>LEE</b>		b. (Middle) <b>F. M<sup>S</sup></b>		c. (Last) <b>NORTON</b>	
4. DATE OF DEATH		Month <b>FEB</b>		Day <b>7</b>		Year <b>1950</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH	9. AGE (In years last birthday) <b>57</b>	10. IF UNDER 1 YEAR Months <b>10</b> Days <b>2</b>	11. IF UNDER 2 HRS. Hours <b>2</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAPER CLEANER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DECORATING</b>		11. BIRTHPLACE (State or foreign country) <b>KANSAS CITY - MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>W<sup>M</sup> M<sup>C</sup> NORTON</b>			13b. MOTHER'S MAIDEN NAME <b>KATHERINE O'BRIEN</b>			14. NAME OF HUSBAND OR WIFE <b>SELMA M<sup>S</sup> NORTON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>498-10-7234</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ms Selma M<sup>C</sup> Norton</b>		18. ADDRESS <b>2449 A Laflin</b>	
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, asthenia, 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) <b>Coronary Occlusion</b>					
		DUE TO (c) <b>Coronary Sclerosis</b>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<b>4201</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>8:16 A. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Catrick E. Taylor, Cor</b> (Degree or title)				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>2-8-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-10-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY - MO</b>	
DATE REC'D BY LOCAL REG. <b>FEB 8 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sauter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. B. Tanner</b> ADDRESS <b>6107 National Bridge</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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

working under my personal supervision.

Student Embalmer No. ....

Signed Guy W Wilkinson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3575

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.