

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 23 1950

State File No. 5198  
Registrar's No. 1003

318

1003

No. 300  
10-48

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 5198		Registrar's No. 1003	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u> c. LENGTH OF STAY (in this place) <u>4 DAYS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FRISCO HOSP</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>PUXICO</u> d. STREET ADDRESS <u>1030</u> e. CITY (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Christopher</u> c. (Last) <u>NORRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-11-50</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>7</u>		8. DATE OF BIRTH <u>MAR 20 - 1882</u>		9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. AGENT</u>		11. BIRTHPLACE (State or foreign country) <u>Stoddard - Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>C. C. NORRIS</u>			13b. MOTHER'S MAIDEN NAME <u>SINA HOGAN</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Dorah Modest</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage with Rt. side paralysis of body</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the line of dying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>17 yrs known</u> <u>7 yrs known</u> <u>7 yrs "</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>St. Louis</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>June 9<sup>th</sup></u> , 19 <u>50</u> , to <u>June 11<sup>th</sup></u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 11</u> , 19 <u>50</u> , and that death occurred at <u>6:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Norman Miller M.D.</u>				23b. ADDRESS <u>2610-16 S. Broadway</u>			23c. DATE SIGNED <u>June 11, 50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-16-1950</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Puxico Mo</u>			
DATE REC'D BY LOCAL REG. <u>JUN 15 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Reward Mortuary Service Inc.</u> <u>4104 Manchester Ave. St. Louis 10, Mo.</u>				

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

AUG 30 1958

8619

AUG 15 1958

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. Allen Davis Jr*

Licensed Embalmer No. *7053*

P. O. Address *Stennis 10 Me*

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.