

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25525

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1706

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights	
c. LENGTH OF STAY (in this place) Years		4495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1117 Edwards Terrace		STREET ADDRESS (If rural, give location) 1117 Edwards Terrace	

3. NAME OF DECEASED (Type or Print) a. (First) Anthony	b. (Middle) Henry	c. (Last) Norris	4. DATE OF DEATH (Month) (Day) (Year) July 12, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-4-1868	9. AGE (In years last birthday) Months Days 81 8 8	IF UNDER 1 YEAR Hours Min. 8	IF UNDER 18 Hrs. Min. 8
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Grain	11. BIRTHPLACE (State or foreign country) St. Louis	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Norris	13b. MOTHER'S MAIDEN NAME Elizabeth Kung	14. NAME OF HUSBAND OR WIFE Carrie Norris Richmond Hts. Mo
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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. None	17. INFORMANT'S SIGNATURE OR NAME Carrie Norris	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		3 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c)		5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4521

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 422.1	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10/6, 1947, to 7/12, 1950, that I last saw the deceased alive on 7/12, 1950, and that death occurred at 0:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William D. D. [Signature]	23b. ADDRESS 16 Hampton Village Plaza	23c. DATE SIGNED 7/13/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24b. DATE 7-15-50	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo
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DATE REC'D BY LOCAL REG. 7-14-50	REGISTRAR'S SIGNATURE Herbert [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary	ADDRESS 6633 Clayton Rd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 5 1954

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 Ernest W. Spillard

Licensed Embalmer No. 4080

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.