

FILED OCT 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35184

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8665

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 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4653 Tennessee Ave.		d. STREET ADDRESS (If rural, give location) 15 4653 Tennessee Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) W. c. (Last) NORMAN		4. DATE OF DEATH (Month) (Day) (Year) Oct. 11 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sep't. 27, 1884
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Patrick Barry	
13b. MOTHER'S MAIDEN NAME Bridget Monahan		14. NAME OF HUSBAND OR WIFE Late Willis Norman	
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 Willis P. Norman		ADDRESS 4653 Tennessee Ave.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the bladder</u> <u>& generalized metastasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 5/2/50		19b. MAJOR FINDINGS OF OPERATION as above, Carcinoma of the bladder	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 181X		22. I hereby certify that I attended the deceased from 4-13, 1950, to 10-11, 1950, that I last saw the deceased alive on 10-10, 1950, and that death occurred at 10:45 P.M., from the causes and on the date stated above.	
23a. SIGNATURE Robert F. Healey M.D.		23b. ADDRESS 620. Missouri Theatre Bldg.	
23c. DATE SIGNED 10/12/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 14, 1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl.	
DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE OCT 13 1950		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl.	

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

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

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