

FILED JAN 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2456
Registrar's No. 445

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. 2456		Registrar's No. 445			
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis Mo</u>			c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2526 E. Sullivan</u>					e. STREET ADDRESS (If rural, give location) <u>2526 E. Sullivan</u>						
3. NAME OF DECEASED a. (First) <u>John</u> (Type or Print)			b. (Middle) <u>Richard</u>		c. (Last) <u>Norris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 14 - 51</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 3 1894</u>		9. AGE (In years last birthday) <u>57</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Sandrawski Ill.</u>			12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME <u>John R. Norris</u>			13b. MOTHER'S MAIDEN NAME <u>Nora E. Estman</u>			14. NAME OF HUSBAND OR WIFE <u>Ada Norris</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>WAR I</u>		16. SOCIAL SECURITY NO. <u>499-01-9596</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ada Norris</u>						ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.											
MEDICAL CERTIFICATION											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____								INTERVAL BETWEEN ONSET AND DEATH _____			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u>											
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 _____		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) _____					
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 <u>H2O1</u>							
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 <u>5:20 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Joseph M. Quinn</u> (Degree or title) <u>Deputy Coroner</u>			23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>1/15/51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Jefferson Barracks</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>					
DATE RECD BY LOCAL REGISTRY <u>JAN 16 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Central Funeral Home</u>		ADDRESS <u>1841 Cass ave.</u>				

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

APR 21 1951

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 Edmond R. Remelius

Signed.....
Student Embalmer

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.