

FILED JUL 26 1951

## STANDARD CERTIFICATE OF DEATH

State File No.

25078  
6063

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <del>St. Louis</del>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>MO</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS 2259</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>910<sup>th</sup> S. Cass</b>				e. STREET ADDRESS (If rural, give location) <b>910<sup>th</sup> (Rear) Cass Ave</b>			
3. NAME OF DECEASED (Type or Print) <b>Richard</b>		a. (First)		b. (Middle)		c. (Last) <b>Norman</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 4 1951</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>April 16 1882</b>		9. AGE (In years last birthday) <b>69</b>		10. UNDER 1 YEAR Months <b>3</b> Days <b>18</b>		11. UNDER 24 HRS. Hours <b>18</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>labor</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>David Norman</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Jones</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mattie Martin 910<sup>th</sup> Cass</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6-20-51</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertension + Hemiplegia</b>		<b>Apr 1950</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		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)			
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? <b>352X</b>			
22. I hereby certify that I attended the deceased from <b>4-17</b> , 19 <b>50</b> , to <b>7-4</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>7-4</b> , 19 <b>51</b> , and that death occurred at <b>6:00 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. C. Sheppard, M.D.</b>				23b. ADDRESS <b>2702a Franklin</b>		23c. DATE SIGNED <b>7-6-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-9-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>Brookley MO</b>	
DATE REC'D BY LOCAL REG. <b>JUL 7 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Laster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>MORE VASSON 2812 CASS</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

*Leroy W. Bannia*

Licensed Embalmer No. 4523

P. O. Address 3880 E. 1st St. N. W.

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.