

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23064

State File No. ....

FILED JUL 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5927

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, Mo. c. LENGTH OF STAY (In this place) 3 Days  
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No   
d. FULL NAME OF HOSPITAL OR INSTITUTION Desloge Hospital  
e. STREET ADDRESS (If rural, give location) 19 3963 West Pine Blvd.

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) F. c. (Last) Norton 4. DATE OF DEATH (Month) (Day) (Year) June 12, 1953

5. SEX M. 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 20, 1877 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 2 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. 10b. KIND OF BUSINESS OR INDUSTRY Stationery Co. 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Martin Norton 13b. MOTHER'S MAIDEN NAME Sarah Burke 14. NAME OF HUSBAND OR WIFE Elsie V. Norton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War 1 16. SOCIAL SECURITY NO. 497-03-0428 17. INFORMANT'S SIGNATURE OR NAME Mrs. Elsie Norton ADDRESS 3863 West Pine

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Embolism INTERVAL BETWEEN ONSET AND DEATH 30 MIN  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Generalized Arteriosclerosis 10 yrs  
DUE TO (c) Heat Stroke 2 days  
II. OTHER SIGNIFICANT CONDITIONS Pulmonary Emphysema 15 yrs  
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  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 4500 F 6/13/53

22. I hereby certify that I attended the deceased from 6-10, 1953, to 6-12, 1953, that I last saw the deceased alive on 6-12, 1953, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William J. Norton M.D. 23b. ADDRESS 508 N. Grand 23c. DATE SIGNED 6/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-15-53 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JUN 15 1953 REGISTRAR'S SIGNATURE Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly ADDRESS 3840 Lindell

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 *me*..... Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer.....

Signed *Wm. S. Lazen*.....

Licensed Embalmer No. *4699*.....  
P. O. Address *St. Charles*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.