No. 300
10-48

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

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25031

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6924

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2733 Eugenia Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: Saint Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 22 2733 Eugenia Street 2229 0

3. NAME OF DECEASED (Type or Print)
a. (First): Burley
b. (Middle):
c. (Last): Norwood

4. DATE OF DEATH (Month): 7 (Day): 22 (Year): 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: A ug 29,1909

9. AGE (In years last birthday): 44
If under 1 year: Months: 11 Days: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scullins Steel

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Macon, Mississippi

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Will Norwood

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND/OR WIFE: Martha Norwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 499-01-3976

17. INFORMANT'S SIGNATURE OR NAME: Martha Norwood
ADDRESS: 2733 Eugenia

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-renal Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 3/5 years

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

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 442x

22. *I hereby certify that I attended the deceased from* Jan 5, 1952, *to* July 22, 1954, *that I last saw the deceased alive on* July 6, 1954, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H Louis Schuchat, MD

23b. ADDRESS: 3866 Flora Place, St Louis, Mo

23c. DATE SIGNED: July 26 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: July 28, 1954

24c. NAME OF CEMETERY OR CREMATORY: Washington Park

24d. LOCATION (City, town, or county) (State): Saint Louis, Missouri

DATE REC'D BY LOCAL REG.: JUL 26 1954

REGISTRAR'S SIGNATURE: J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE: E K Force
ADDRESS: 1221 N Grand

MBS

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. Elvin Blackburn

Licensed Embalmer No. 396

P. O. Address 1221 N. 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.