

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

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State File No. 35999  
Registrar's No. 9199

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY OR TOWN <u>St Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4617 Westminister</u>				e. STREET ADDRESS (If rural, give location) <u>2127 0 4617 Westminister</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle) <u>Warren</u>		c. (Last) <u>Norton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7 1956</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>Dec. 12 1896</u>	
9. AGE (In years last birthday) <u>59</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electrical</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Standish Michigan</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Albert J. Norton</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Doris Jacquie Norton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>079-14-9357</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Doris Norton St Louis Mo.</u>			
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>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Kimmelstiel-Wilson Disease</u> DUE TO (c) <u>Diabetic nephritis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>2 years</u> <u>12 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260x</u>				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?			
22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>55</u> , to <u>Oct</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Oct 6</u> , 19 <u>56</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Louise Geh</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>457 N Kingshighway</u>		23c. DATE SIGNED <u>8 Oct 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 10 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 8 1956</u>		REGISTRAR'S SIGNATURE <u>Paul Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. C. House St. Charles Mo.</u>			

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.....  
Signature of Student Embalmer

Signed.....  
*Flannery M. Bell*

Licensed Embalmer No. *437*.....

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