

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43629**
11815

FILED JAN 15 1957

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital 1				d. STREET ADDRESS (If rural, give location) 72190 618 N Channing					
3. NAME OF DECEASED (Type or Print) a. (First) Charlie			b. (Middle) _____		c. (Last) Norris		4. DATE OF DEATH (Month) (Day) (Year) 12. 22 56		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Dec 17, 1905		9. AGE (In years last birthday) 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Hines County Miss			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME George r. Norris			13b. MOTHER'S MAIDEN NAME Mary Moore			14. NAME OF HUSBAND OR WIFE Non			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nelson Norris 413 Monroe				
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 Fracture of both legs; Abscesses of Lungs; Fat Embolus; offered when struck by auto operated by one, Joffe. DUE TO (a) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Made in vicinity of Belmar, Mad Channing Business. Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION about 7:55 pm, December 20th 1956.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office, etc.) Street		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis MO					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 20 56 7:55 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 200					
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 7:50 p.m. , from the causes and on the date stated above.									
23. SIGNATURE (In Death or Under) James M Kelly				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12-26-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/28/56		24c. NAME OF CEMETERY OR CREMATORY Washington Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County MO			
DATE REC'D BY LOCAL REG. DEC 26 1956		REGISTRAR'S SIGNATURE Charles Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Bros Kinlock MO					

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

Edward G. Flynn

Licensed Embalmer No. *4444*

P. O. Address *W. H. K. Co.*

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.