

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1750**

FILED JAN 29 1958

BIRTH NO.		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5594		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY OR TOWN LURN-MERAMEC		c. LENGTH OF STAY (in this place) 5 1/2 yrs 2 mos		c. CITY OR TOWN St. Louis 12		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 St. Joseph's Hill Infirmary				e. STREET ADDRESS (If rural, give location) 1935 BELT AVE²⁰⁶⁹			
3. NAME OF DECEASED (Type or Print) NORRIS		a. (First)		b. (Middle) LINES		c. (Last)	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 1 1881	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY PROFESSIONAL WRITER		11. BIRTHPLACE (City and State or Foreign Country) PEORIA ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME ROEPP		14. NAME OF HUSBAND OR WIFE STELLA(?) LINES			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DR. L. H. ST. JOSEPH'S HILL INFIRMARY			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED ATHEROSCLEROTIC					
		ANTECEDENT CAUSES DUE TO (b) CARDIO VASCULAR DISEASE					
		DUE TO (c)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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)		4221	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 9/28/1952 , to 1/17/1958 , that I last saw the deceased alive on 1/17/1958 , and that death occurred at 4:00 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. Marder MD.		(Degree or title)		23b. ADDRESS St. Joseph's Hill Infirmary		23c. DATE SIGNED 1/19/58	
24a. DATE OF CREMATION REMOVAL (Specify)		24b. DATE 1/22/58		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. 1-22-58		REGISTRAR'S SIGNATURE Robert E. Bauer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE			

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 25 1958

JAN 30 1958

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 *M W Rueter*.....

Licensed Embalmer No. *486*.....

P. O. Address *St Louis 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.