

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016951  
State File No. ....

No. 300

10.48

FILED APR 21 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 982

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks</u>		c. LENGTH OF STAY (in this place) <u>8 YRS</u>	c. CITY OR TOWN <u>Jefferson Brks</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Admin. Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>V. A. Hosp. Jeff. Brks 23,</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Alfred</u>	b. (Middle) <u>Harry</u>	c. (Last) <u>Norrish</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1958</u>
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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>Aug. 12, 1898</u>	9. AGE (In years last birthday) <u>59</u>	% UNDER 1 YEAR Months <u>7</u>	% UNDER 6 HRS. Days <u>24</u>	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineering Officer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Vet. Adm.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Alfred Harry Norrish</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Barrackough</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Louise M. Norrish</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW #1</u>	16. SOCIAL SECURITY NO. <u>486-22-9383</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alfred H. Norrish</u>	ADDRESS <u>V.A. Hosp. Jeff. Barracks</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>19 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Arteriosclerosis</u>	<u>5 yrs.</u>
DUE TO (c)		<u>4/201</u>	
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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1930, to April 6, 1958, that I last saw the deceased alive on April 2, 1958, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul H. Webb</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>721 Olive St. St. Louis Mo.</u>	23c. DATE SIGNED <u>4-7-58.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-8-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-8-58</u>	REGISTRAR'S SIGNATURE <u>Herbert G. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander &amp; Sons, Inc</u>	ADDRESS <u>6175 Delmar Blvd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Jos. J. McCulloch*

Licensed Embalmer No. *276*

P. O. Address *4175 Pelham*

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.