

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 2 1960

=60-017198

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 4379**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO		Length of stay in 1b 4 MONTHS	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give hospital) HOSPITAL OR INSTITUTION (MARK STEIN BECK) HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 5974 SOUTHWEST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILFRED Middle J Last NORRIS			4. DATE OF DEATH Month 4 Day 20 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-2-1905	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months — Days —
IF UNDER 24 HR Hours — Min. —	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARETAKER		10b. KIND OF BUSINESS OR INDUSTRY MEDICAL CENTER	11. BIRTHPLACE (City and state or country) ST. LOUIS MO	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME WILLIAM NORRIS		13b. MOTHER'S MAIDEN NAME MARY A LAURENT		14. NAME OF HUSBAND OR WIFE IDA NORRIS	
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. 499-01-4694	17. INFORMANT MRS. IDA NORRIS	Address 5974 SOUTHWEST	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lung w metastases					INTERVAL BETWEEN ONSET AND DEATH 4 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	163x		
		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour — a.m. — p.m.		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from Feb 2 1960 to April 22, 1960 and last saw ^{her} him alive on April 22, 1960 Death occurred at 9:20 a. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Loan Bientbaum M.D.			22b. ADDRESS 462 N. Taylor		22c. DATE SIGNED 4/23/60
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)	(State)
BURIAL	4-25-60	BELLEFONTAINE CEMETERY		ST. LOUIS MO	
24. FUNERAL DIRECTOR HOWARD H. MICHEL		ADDRESS 5930 SOUTHWEST	25. DATE RECD. BY LOCAL REG. APR 23 1960	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

UNRECORDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

mjc

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

V. E. Morris

Licensed Embalmer No. 3360

P. O. Address St Louis

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.