

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318 Primary Registration District No. 1003

7979 - 62-032255 REGISTRAR'S No. STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7979

1. PLACE OF DEATH **AUG 31 1962**  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b  
 c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **778 No. Euclid Ave.** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**Lucille Norman Aug. 12, 1962**  
 5. SEX **Female** 6. COLOR OR RACE **Negro** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **Dec. 1899** 9. AGE (last birthday) **62** IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** 10b. KIND OF BUSINESS OR INDUSTRY **- - -** 11. BIRTHPLACE (City and state or country) **Lake Prov., La.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**  
 13a. FATHER'S NAME **John Battey** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Rich Norman**  
 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 **May L. McGill** Address **3136 Franklin Ave**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Chronic Nephritis** INTERVAL BETWEEN ONSET AND DEATH  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **592X**  
 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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
 Death occurred at \_\_\_\_\_ **10:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Helene L. Taylor, Coroner** 22b. ADDRESS **1300 Clark Ave.** 22c. DATE SIGNED **8-16-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **8-17-62** 23c. NAME OF CEMETERY OR CREMATORY **Greenwood Cem** 23d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

24. FUNERAL DIRECTOR ADDRESS **Williams Undertaking Co 5511 St. Louis Ave.** 25. DATE RECD. BY LOCAL REG. **AUG 16 1962** 26. REGISTRAR'S SIGNATURE **Heard Smith, M.D.**

VS 300 Rev. 4/59  
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 2 **212**  
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 12 **75-3**  
 13

DATE AMENDED  
 7-  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 *H. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 4500 Quabury, Lowell

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.