

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3132

FILED FEB 2 1954

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

State File No.

Registrar's No.

0351

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, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4741 Easton Ave.		e. STREET ADDRESS (If rural, give location) 4741 Easton Ave. 2069					
3. NAME OF DECEASED (Type or Print) a. (First) Nettie		b. (Middle)		c. (Last) Norris			
4. DATE OF DEATH Jan. 11 1954		5. SEX Female		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 25 1868		9. AGE (In years last birthday) 85			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kentucky			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Vickers		ADDRESS 4664a Easton Ave.					
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 Coronary Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 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					
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?		4221					
22. I hereby certify that I attended the deceased from Mar 1, 1953, to Jan 11, 1954, that I last saw the deceased alive on Jan 11, 1954, and that death occurred at 12:40 pm., from the causes and on the date stated above.							
23a. SIGNATURE Thomas H. Summers, M.D.		(Degree or title)		23b. ADDRESS 3201 So. Grand Ave			
23c. DATE SIGNED 1-11-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/12/54			
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.					
25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's		ADDRESS 2849 N. Euclid Ave					
DATE REC'D BY LOCAL REG. JAN 13 1954		REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's			

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 *Robert L. Brink*
Licensed Embalmer No. 35

P. O. Address

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.