

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

16547

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis (No. City Hospital)

File No.....

Registered No. 4442

St..... Ward)

**2. FULL NAME**

(a) Residence. No. 2636 Rutger St., 22 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos.

ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22 - 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>2</u>		<u>19</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_ 107A  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_ 158  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

10. NAME OF FATHER James Morrison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) West Virginia  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Walliser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

14. INFORMANT Dr. Roman  
 (Address) City Hospital

15. FILED MAY 11 1927 Marlo Starckoff  
 REGISTAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1927

17. I HEREBY CERTIFY, That I attended deceased from May 10 1927, to May 11 1927, and that I last saw him live on May 10 1927, and the death occurred, on the date stated above, at 322.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Infection  
Pneumonia  
Primary (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 107A (duration) mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH?.....

8 Did an operation precede death?..... DATE OF.....

Was there an autopsy?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Thos. C. Mober M. D.  
11, 1927 (Address) City Hospital

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL O'Fallon, Ill. DATE OF BURIAL 5-11-1927

20. UNDERTAKER L. R. Rupton ADDRESS 4449

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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