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.

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

Do not use this space.

24233

File No.

Registered No. 6347

1. PLACE OF DEATH

County

Township

City St Louis (No. St Johns Hosp. Ave St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Infant Morris

(a) Residence, No. 6431 arthur ave St., Ward. 3
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1932

7. AGE YEARS MONTHS DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis MO

FATHER

13. NAME William Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis MO

MOTHER

15. MAIDEN NAME Katherine Weber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills, ~~St Louis~~

17. INFORMANT (ADDRESS) William Morris 6431 arthur ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cemetery DATE July 9 1932

19. UNDERTAKER (ADDRESS) Thos Kutis 2906 Nevada ave

20. FILED JUL -9 1932 19 Max C. Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1932, to July 9, 1932

I last saw him alive on 7-8, 1932 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

cephalocele (Congenital) 159D 157A 159

Date of onset

Other contributory causes of importance:

Premature (1)

Name of operation No Date of

What test confirmed diagnosis? Glycosuria Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M A Burroughs, M. D.

(Address) 4755 Morganford Rd.