

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

Do not use this space.

24726

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **2003**
 City **St. Louis Mo** (No. **Christian Hosp**)

File No.....
 Registered No. **6871**
 St. Ward)

2. FULL NAME *Infant Morris*

(a) Residence, No. **504 Emerson Ave** St. **7** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 22, 1932**

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

22. I HEREBY CERTIFY, That I attended deceased from **July 22 - 1932, to July 23 - 1932**
 last saw him alive on **July 22, 1932** Death is said to have occurred on the date stated above, at **2206 a.m.**
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 22 - 1932**

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

Other contributory causes of importance:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **none**

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

Premature
159 about 7 mos gestation
159 0
 Other contributory causes of importance:
born under medical supervision to delivery hospital

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

13. NAME **Wm. Morris**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

15. MAIDEN NAME **Ida Lewis**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**

17. INFORMANT **William Morris**
 (ADDRESS) **504 Emerson Ave**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **New St. Marcus** DATE **July 25, 1932**

19. UNDERTAKER **By Reidner Hud Co**
 (ADDRESS) **1417 St. Mark St**

20. FILED **JUL 25 1932** **May E Standley**
 Registrar

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **J. Phyllis**, M. D.

(Address) **657 N. Grand St**

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.

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

Barometer, 100