

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

Do not use this space.

15191

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. **3719**
St. Ward)

2. FULL NAME

(a) Residence, No. **2300 Salisbury** Ward. **20**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **14** 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) **Jan. 26 - 1866**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	67	2	1-9	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **2300 Salisbury**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Stanford** (STATE OR COUNTRY) **Connecticut**

13. NAME **Daniel P. Morris**

14. BIRTHPLACE (CITY OR TOWN) **Conn.** (STATE OR COUNTRY)

15. MAIDEN NAME **Sarah Chamberlain**

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

17. INFORMANT (ADDRESS) **Hospital information**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis** DATE **4-20** 19**33**

19. UNDERTAKER **Walter Richter** (ADDRESS) **2300 Salisbury St**

20. FILED **25** 19**33** **St Louis** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 15th 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Mar. 31st 1933** to **April 15th 1933**

I last saw him alive on **April 15th 1933** Death is said

to have occurred on the date stated above, at **9:25 P.M.**

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

Chr. Myocarditis Date of onset

930
11:15
9:30

Other contributory causes of importance:

Hypostatic pneumonia

Name of operation **None** Date of

What test confirmed diagnosis? **Clinical** 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? **No**

If so, specify

(Signed) **Maurice A. Bell** M.D.

(Address) **City Hospital**

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.

WWW.CERTIFICATES-THIS IS A PERMANENT RECORD

