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

Do not use this space.

27664

File No.
Registered No. 155

1. PLACE OF DEATH
96 County St. Louis
7 Township Central
7 City Richmond Heights (No. St. Marys Hospital St. Ward)

Registration District No. 1170
Primary Registration District No. 6248 H.

2. FULL NAME James Joseph Morrell

(a) Residence, No. 8203 Page Blvd. St. Ward.
(Usual place of abode) St. Louis County, Mo. (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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1st, 1919

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 14 | 2 | 5 | |

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

FATHER
13. NAME James A. Morrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER
15. MAIDEN NAME Katie Keller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT James A. Morrell
(ADDRESS) 8203 Page Boulevard

18. BURIAL, CREMATION, OR REMOVAL
PLACE New S Fitz + Paul DATE August 9, 1933

19. UNDERTAKER Weick Brothers
(ADDRESS) 2201 S. Grand Boulevard

20. FILED 8/8, 1933 Gertrude Porter
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:00 m. P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcus septicemia | |
| 115A | |
| 152B | |
| 36 | |

Other contributory causes of importance:
Streptococcic throat
Infection of hip (metastatic)
Multiple abscesses of viscera

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. Was there an autopsy? Yes

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) Jerome Hyman M. D.
(Address) 504 Metropolitan Bldg.

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.

8:05 [illegible]

10-11-AM