

MAR 25 1936

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

Do not use this space.

7538

1. PLACE OF DEATH

County St. LouisTownship Normandy CentralCity Pine LawnRegistration District No. 789Primary Registration District No. 6033(No. 3718 Jennings rd.)

File No.

Registered No. 65

St. Ward)

2. FULL NAME James Morrissey (Morris)(a) Residence, No. 3127 Norwood Ave. St. 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

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) Don't know

7. AGE

Abt

YEARS

65

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Liquor

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

Saloon

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)

Ireland

FATHER

13. NAME

Ned Morris

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

Ireland

MOTHER

15. MAIDEN NAME

Bridget O'Connor

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

Ireland

17. INFORMANT (ADDRESS)

Mary Golden
3127 Norwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE 2/22 1936

19. UNDERTAKER (ADDRESS)

Thomas J. Quinn
1517 So. ...

20. FILED

2-20-361936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19/1936 193622. I HEREBY CERTIFY, That I attended deceased from 2/9/1932 1932 to 2/19/1936 1936I last saw him alive on 2/19/1936 1936. Death is saidto have occurred on the date stated above, at 3 PM.

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

Chr. diabetes melitis, chr. arteriosclerosis, chr. myocarditis, with generalized chr. cardiovascular renal disease.

Date of onset

?

Other contributory causes of importance:

Myocardial degeneration with 2/9/32
decompensation with acute
dilatation; uremia; general anasarca

Name of operation

Date of

What test confirmed diagnosis? cli Was there an autopsy? no

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

Accident, suicide, or homicide

Where did injury occur? (S. ecc. 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) John B. Quinn 2/20/36 M. D.(Address) 3718 Jennings Rd.

St. Louis, Mo.

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.

WHITE PEARL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

