

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

Do not use this space.

APR 11 1936

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **St. Anthonys Hospital**) St. Ward)

13415

File No.
 Registered No. **3515**
 St. Ward)

2. FULL NAME **Arthur H. Morris**

(a) Residence, No. **1923 Burd Ave.** St. **6** Ward.

(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel B. Morris		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27th, 1882		
7. AGE	YEARS	MONTHS
	53	7
		DAYS
		3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired		
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 30th, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1 - 1936**, to **Mar 30 - 1936**,
 last saw him alive on **Mar 30 - 1936**. Death is said to have occurred on the date stated above, at **5:30 P.M.**

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

*Myocarditis Chronic
 Thrombosis from Chronic
 suppurative Nephritis*

Date of onset

Other contributory causes of importance:

Bladder Neck Obstruction

Name of operation **None** Date of **2/25**
 What test confirmed diagnosis? **Autopsy** 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? **No**

If so, specify _____

(Signed) **W. B. Moore**, M. D.

(Address) **719 Union Bldg**

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

FATHER 13. NAME **James H. Morris**

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

MOTHER 15. MAIDEN NAME **Jane Holden**

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

17. INFORMANT (ADDRESS) **Ethel B. Morris**
1923 Burd Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine Cem.** DATE **April 1, 1936**

19. UNDERTAKER (ADDRESS) **Rehmann Canal**
1905 Union Blvd.

20. FILED **MAR 31 1936** **J. F. Bredeck** Registrar.

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

Dr. Moore

Dr. Moore

10-1

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