NOV 4 1936

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

Do not use this space. 39507

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10548

City St. Louis, (No. City Hospital No. 1 ..... St. ..... Ward)

B. 10614

2. FULL NAME Helen Morrison

(a) Residence, No. 5917 Wabada St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	5	16	

OCCUPATION

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

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) Missouri

FATHER

13. NAME Charles Holten

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

MOTHER

15. MAIDEN NAME Helen Stratford

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

17. INFORMANT (ADDRESS) Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill Cemetery DATE October 21 1936

19. UNDERTAKER (ADDRESS) Geo. R. Pleitsch Inc. 5966 Easton Ave

20. FILED OCT 21 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/18/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/18/36, 19, to 10/18/36, 19

I last saw her alive on 10/18/36, 19 Death is said to have occurred on the date stated above, at 7/45 p.m.

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

Lobar Pneumonia — Date of onset

108

Other contributory causes of importance: Brain abscess Degenerative heart Cerebral — Cause unk

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

What test confirmed diagnosis? ..... 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) Geo. J. Seibold, M. D.

(Address) City Hospital N