

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City *St. Louis Mo.* (No. *1003*)

Registration District No. *791*
Primary Registration District No. *1003*
Woodburn Hotel 509 Chestnut St.

File No. *8515*
Registered No. *1970*
St. *1* Ward *1*

2. FULL NAME

Samuel E. Morrison
(a) Residence, No. *509 Chestnut* St., *25* Ward.

(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>aug 9 1862</i>		
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. <i>74 6 3</i>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Jeweler</i>		
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) *Ill 13*

13. NAME *Samuel*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland 13*

15. MAIDEN NAME *Elizabeth Crowder*

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

17. INFORMANT (ADDRESS) *Mrs Johna West Edwardsville Ill*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *Feb 15 1937*

19. UNDERTAKER (ADDRESS) *Mullen Bros 4259 S. Grand Blvd*

20. FILED *FEB 15 1937* *J. W. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 13 1937*

22. I HEREBY CERTIFY, That I attended deceased from *March 20th 1936* to *Feb 13th 1937*
I last saw him alive on *Dec 29th 1936* Death is said to have occurred on the date stated above, at *12:58 p.m.* 1937

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

Pernicious anaemia
& chronic myocarditis Date of onset *Several yrs.*

Other contributory causes of importance:
Pronounced general arterio sclerosis

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

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 *Theo W Conzelman* M. D.
(Signed) *Theo W Conzelman* M. D.
(Address) *5043 Vernon*

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

2-41

