

MAY 7 1937

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

Do not use this space.

14496

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital No. 1**)

File No. **3992**

Registered No. **3992**

B. 17586

Fred Morrison

St. Ward

2. FULL NAME

(a) Residence, No. **305 Lucas**

St. **25** 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)

single

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

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

Feb 14, 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

54

1

29

OCCUPATION

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

Railroad Man

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

Watchman

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

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT

(ADDRESS)

Hosp. Info. M.H. Kent
City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Memorial Park** DATE **April 16 37**

19. UNDERTAKER

(ADDRESS)

Mullen Bros
4257 Indef

20. DECEASED

APR 15 1937

J.T. Bredeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

4/13/37

19

22. I HEREBY CERTIFY, That I attended, deceased from **3/10/37**, 19..... to **4/13/37**, 19.....

I last saw him alive on **4/13/37**, 19..... Death is said to have occurred on the date stated above, at **3.25 p.m.**

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

Preliminary The
Diabetes Mellitus

Other contributory causes of importance:

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

(Signed)

W.D. Lano
City Hospital No. 1

M. D.

(Address) C

ity

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.

702-1-31-31

