

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

Do not use this space.

**MAY 7 1937**

14853

1. PLACE OF DEATH  
 County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **St. Lukes Hospital**) ..... St. .... Ward .....

2. FULL NAME **Harry Morris**  
 (a) Residence, No. **6350 San Bonita Ave** St. **NR** Ward. **Clayton Mo.**  
 (Usual place of abode) (If non-resident, 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.

File No. ....  
 Registered No. **4354** .....

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 **Laura Morris**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **4-26-1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**65 11 28**

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

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

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/24/37** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **3-18-37** to **April 24**, 19**37**  
 I last saw h..... alive on **4-24-1937** Death is said to have occurred on the date stated above, at **9:40 P.M.**  
 The principal cause of death and related causes of importance were as follows:

**Juniper of Brain (Benign)**  
 Date of onset .....

Other contributory causes of importance: **54**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **California**

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 **Laura Morris**  
 (ADDRESS) **6350 San Bonita Ave**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Valhalla** DATE **4/29/37** 19**37**

19. UNDERTAKER **Robert J. Ambruster**  
 (ADDRESS) **6633 Clayton Road**

20. FILED **APR 27 1937** 19**37**  
**J. F. Bredeck** Registrar

Name of operation **Crematory & Funeral Home** Date of **4-23-37**  
 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) **R. J. Ambruster**, M. D.  
 (Address) **Clayton 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.

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