

JAN 10 1938

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

43574

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **of St. Louis** (d) Street No. **En. River City Hospital #1** Registered No. **11824**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lemuel A. Morris
 (a) Residence, No. **3018a Eads Avenue** St. **17**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Husband of Arminta**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 25, 1860**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
77 8 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**
 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**

13. NAME **John Morris**

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

15. MAIDEN NAME **Elizabeth Griffith**

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

17. INFORMANT (ADDRESS) **Arminta Morris**
3018a Eads Avenue

18. BURIAL PLACE **Fredericktown, Mo.** to **Dec. 27, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **W. H. McLaughlin**
2301 Lafayette Avenue

20. FILED **DEC 24 1937** **J. B. Brubaker**
 Local Registrar.

No Physical Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 23, 1937** 19

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **9:00 A.M.**

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

Coronary Occlusion

Other contributory causes of importance:
Arterio Sclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **NO**

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 **See above**
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify.....
 (Signed) **Alfred J. Perry, M.D.**
 (Address) **Deputy Coroner**

WRITE CAREFULLY 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.

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STATEMENT BY LICENSED EMBALMER

I, L.R. Casper....., Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed L.R. Casper.....
Licensed Embalmer No. 3633

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)