

REC'D APR 8 1938

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

12023  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Louis Registration District No. 784  
(b) Township Clayton Primary Registration District No. 10 Registered No. 551  
(c) City Clayton Mo. (d) Street No. Come Road at Clayton N. & S. Rd. St.  
(If death occurred in Hospital or Institution, give 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. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Richard C. Morrison  
(a) Residence, No. 917 Chambers St.   
(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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 3 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. P. W. A.  
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 Henry Morrison

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

MOTHER 15. MAIDEN NAME Edna Penrod

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

17. INFORMANT (ADDRESS) Evelyn Morrison  
917 Chambers St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Campell, Mo. DATE Mar. 27-38

19. FUNERAL DIRECTOR (ADDRESS) Henry Lindner and Co.  
1417 N. Market St.

20. FILED 3-25 1938 J. R. McHugh Registrar John Cougle M. D. 707 (Address) Governor of St. Louis County, Mo.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 24-38 1938

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

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:00 a. m.

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

Traumatism by machine. 3/24 1938  
(Head crushed by the accidental descent of the "skip" on a power concrete mixer.)

Other contributory causes of importance:

(1) Head crushed. Massive fracture of the skull.  
(2) Multiple fractures of the ribs.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis physical signs in autopsy yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury 3/24, 1938.  
Where did injury occur? Clayton, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Part of machinery descended.  
Nature of injury Crushed head.

24. Was disease or injury in any way related to occupation of deceased? yes  
If so, specify Necessary to be about the machine during its movements.  
(Signed) \_\_\_\_\_, M. D.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

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

L. E. ....

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

working under my personal supervision.

Signed

*John P. Buckley*

Licensed Embalmer No. *01674*

**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.)**