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.

REC'D APR 8 193

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis — Registration District No. 784 — File No. 12167

Township Carondelet — Primary Registration District No. 200 — Registered No. 616

City ~~Jefferson Barracks~~ (No. Vet Hosp. St. Ward)

2. FULL NAME Henry W. MOREY 600

(a) Residence, No. 901 Bayard Avenue St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Ethel Morey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 11, 1876

7. AGE: YEARS 61 — MONTHS 10 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Brockway, Penn.

FATHER

13. NAME: Ruben Morey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER

15. MAIDEN NAME: Hannah Stephenson

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

17. INFORMANT (ADDRESS): Clinic M. Schuller VAF Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE OAK GROVE CEM DATE APRIL 5th 1938

19. UNDERTAKER (ADDRESS): L. MULLEN UND. CO. 5166 DELMAR BLVD

20. FILED 4-4 1938 T. R. Meyer MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to April 3, 1938.
I last saw him alive on April 3, 1938. Death is said to have occurred on the date stated above, at 10:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized with coronary sclerosis and probable coronary occlusion.	Unkn.
Other contributory causes of importance: Myocardial disease with hypertrophy and dilatation congestive type cardiac failure.	Unkn.

Name of operation: None Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. W. HUGHES, Chief Med. Off., M. D.
(Address) VAF Jefferson Barracks, Mo.