

REC'D JUN 7 1938

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

19509

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 784
(b) Township St. Ferdinand Primary Registration District No. 200
(c) City Pine Lawn (d) Street No. #4203 Edgewood - Pine Lawn Registered No. 804
(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

William S. Morris 620
(a) Residence, No. 4203 Edgewood - Pine Lawn
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1864

7. AGE YEARS 73 MONTHS 5 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Bell Telephone Co.
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) Milwaukee, Wis.

FATHER 13. NAME W. S. Morris

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Richard W. Merkle #743 Gale, U. City

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem. DATE May 5 - 1938

19. FUNERAL DIRECTOR (ADDRESS) C. R. Euston & Sons #4449 Olive Street

20. FILED 5-4 1938 J. R. Meyer, M.D.P. Registrar. 707

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 - 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to May 3, 1938

I last saw him alive on May 3, 1938. Death is said to have occurred on the date stated above, at 5.0 a.m.

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

Acute myocarditis Date of onset 3 days
JIA

Other contributory causes of importance:

Multiple sclerosis of spinal cord with progressive paraplegia

Name of operation none Date of no

What test confirmed diagnosis? physical 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? no

If so, specify none

(Signed) Leo H. Kunkin, M. D.

(Address) 370 Barnum

340 Burmuda
E.V. - 4940
8-10 A.M.

STATEMENT BY LICENSED EMBALMER

I, J. T. Lupton, Licensed Embalmer No. # 7172
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Pat Miller
..... L. E.
No. 2901 or by Registered Apprentice No.
working under my personal supervision.
Signed J. T. Lupton
Licensed Embalmer No. # 7172

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.)