

REC'D JUL 12 1938

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

20725
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **5864**
(c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** St.
(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 **25** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Sam Morris
(a) Residence, No. **2826 Dayton** St. **21** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1874				
7. AGE YEARS 63	MONTHS 7	DAYS 17	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil			
	9. Industry or business in which work was done, as 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) Mississippi				
FATHER	13. NAME Sam Morris			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown			
MOTHER	15. MAIDEN NAME Louise Spencer			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi			

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**

18. BURIAL CREMATION OR REMOVAL
PLACE **Washington** DATE **6-22** 19**38**

19. FUNERAL DIRECTOR (NAME) **W. Richter**
(ADDRESS) **3500 Rutger St**

20. FILED **JUN 29 1938** **J. F. Brubaker**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 15** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **March 17** 19**37** to **June 15** 19**38**

I last saw h. **im.** alive on **June 15** 19**38** Death is said to have occurred on the date stated above, at **9:30a.m.**

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

Pulmonary tuberculosis

Date of onset **3/17/37**

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? **clinical** 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) **W. Richter**, M. D.
(Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.