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.

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

8709
Do not use this space.

REC'D APR 12 1939

791

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 2474

(c) or City Saint Louis (d) Street No. Homer G. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

625

2. PRINT FULL NAME Onez Morrison

(a) Residence, No. 4262 W. Aldine Street St. 11
(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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Nashville Tennessee

FATHER

13. NAME Jerry Perkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tennessee

MOTHER

15. MAIDEN NAME Ruth Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tennessee

17. INFORMANT (ADDRESS) Bessie Coleman 4262 W. Aldine Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Mar. 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Gates 4107-09 Finney Avenue

20. FILED MAR 15 1939 19 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13th, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 9th, 1939, to March 13th, 1939
I last saw her alive on March 13th, 1939 Death is said to have occurred on the date stated above, at abt. a.m. 10:30a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	3/9/39

Other contributory causes of importance:
Diffuse Arteriosclerosis

Name of operation None 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? No
If so, specify
(Signed) [signature], M. D.
(Address) 822a N. Jefferson Avenue

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. ____ working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4109 Finney Ave.

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

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