

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.

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

20344  
Do not use this space.

**1. PLACE OF DEATH**

(a) County..... 2 Registration District No..... **791**  
 (b) Township..... Primary Registration District No..... **1008**  
 (c) City or Town..... St. Louis, Mo. (d) Street No. 2938 Dickson St. Registered No..... **5188**  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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** 625 Henry Morrison

(a) Residence, No. 2938 Dickson St. St. 21  
 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
About 66

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. Laborer  
 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) St. Louis, Missouri

FATHER 13. NAME William Morrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville, Ill.

MOTHER 15. MAIDEN NAME Cecelia Catney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT'S NAME (ADDRESS) Eva Morrison  
2938 Dickson St.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Farmer Dickson June 10th 39

19. FUNERAL DIRECTOR'S NAME (ADDRESS) A. L. Beal Und. Co.  
2926 Lucas Ave.

20. FILED JUN 9 1939  
J. F. Bredich  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/15/39 19 to 6/6/39 19  
 I last saw him alive on 6/6/39 19 Death is said to have occurred on the date stated above, at 3:40 PM  
 The principal cause of death and related causes of importance were as follows:

Cerebrom of sleep  
acute myocardites  
 Date of onset 2/15/39

Other contributory causes of importance: acute myocardites

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physic's Cert. 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) Stephen Veseaux, M. D.  
 (Address) 13202 1/2 Park

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**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

*Birde Beal Anders*

Licensed Embalmer No. *2929*

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.**