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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31045

Registration District No. DEC'D OCT 14 1939 791 1003

Primary Registration District No.

Registrar's No. 8108

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Stillborn (Specify whether
In this community X
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County X

(c) City or town St. Louis, 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5533 Vernon
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Morris Baby 620

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Und

5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 8 (Month) 29 (Day) 1939 (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace St L (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation 0

11. Industry or business

FATHER
12. Name Henry Morris 0
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mabel Hart
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Ann Morrison
(b) Address City Hosp #1

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-22-39 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director David Van Gossen
(b) Address City Hosp #1

19. (a) SEP 20 1939 (Date received local registrar) J. F. Bridget (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29, year 1939 hour 11:40 minute P. M.

21. I hereby certify that I attended the deceased from August 29, 1939 to August 29, 1939 that I last saw h alive on Stillborn, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Stillborn	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? /
(Specify type of place)
While at work? (e) Means of injury

23. Signature John F. Flynn (M. D. or other)
Address 1515 Lafayette, Date signed 9/9/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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.