

NOV 14 1939

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

37050
Do not use this space.

1. PLACE OF DEATH *Near west Alton Mo*

(a) County *St. Charles* Registration District No. *75-6*

(b) Township *2nd Precinct* Primary Registration District No. *5-997*

(c) City *Alton* (d) Street No. _____ 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 *620 Ralph Lee Morris*

(a) Residence, No. *4011 North Euclid ave. St. Louis Mo* St. (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) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Clorine Morris*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 8 - 1915*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *24 8 14*

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *moulder*

9. Industry or business in which work was done, as saw mill, bank, etc. *in stove works*

10. Date deceased last worked at this occupation (month and year) *Oct 26 - 1939* 11. Total time (years) spent in this occupation *2 years*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Eldon Mo.*

13. NAME *George Morris*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *don't know*

15. MAIDEN NAME *Lorraine Pellison*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *north Dakota*

17. INFORMANT *Walth Herman son* (ADDRESS) *West Florissant ave. St. Louis mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Frieden Cemetery St. Louis Co.* DATE *Oct. 25th 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Steinbrenners St. Charles mo.*

20. FILED *Oct 28 1939 Rose Barnard* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 22nd 1939*

22. I HEREBY CERTIFY That I attended deceased from *Held Inquest - Oct. 23 - 1939*, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *1 P. M.*

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

Gun shot wound of 12 gauge shot gun in right chest, inflicted accidentally while hunting ducks

Date of onset _____

Other contributory causes of importance: *184*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accident* Date of injury *10-22-1939*

Where did injury occur? *near west Alton Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *On bank of Mississippi River*

Manner of injury *Accidental discharging gun*

Nature of injury *2" hole in right chest*

24. Was disease or injury in any way related to occupation of deceased? *No.*

If so, specify _____

(Signed) *John H. Bure* - *Coroner*

(Address) *St. Charles County Mo.*

Sub. (Licensed Embalmer's Statement on Reverse Side)

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.

WHILE PRINTED, WITH OUTFACING INK—THIS IS A PERMANENT RECORD

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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.....

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.