

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **10127**

Registration District No. **701**

Primary Registration District No. _____

1. PLACE OF DEATH: **1003 /**

(a) County **St Louis**

(b) City or town **St Louis**

(c) Name of hospital or institution: **Homer Phillips**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **All-life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **/**

(a) State **Missouri** (b) County _____

(c) City or town **St Louis** **21**
(If outside city or town limits, write "RURAL")

(d) Street No. **2303 Washington**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Hester Morris** **630**

3. (b) If veteran, name war _____

8. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **22**
year **1939** hour **12:00** minute **00** *noon* M.

4. Sex **F**

5. Color or race **Col**

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

6. (b) Name of husband or wife **Edward Morris**

6. (c) Age of husband or wife if alive **21** years

7. Birth date of deceased **Aug 12 1918**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **November 17**, 19 **39**, to **November 22**, 19 **39**
that I last saw h **ST** alive on **November 22**, 19 **39**
and that death occurred on the date and hour stated above.

8. AGE: Years **21** Months **3** Days **10** If less than one day _____ hr. _____ min.

Immediate cause of death **Generalized Peritonitis - Pelyic Abscess - Rectal Stricture c Proctitis** } **7 das About 2wks**

Due to **Unknown**

9. Birthplace **St Louis Mo**
(City, town, or county) (State or foreign country)

Due to **Proctitis non tubercular cause of pelvic abscess**

Other conditions **unknown non T. B.**
(Include pregnancy within 3 months of death)

10. Usual occupation **Maid** **0**

PHYSICIAN

Major findings: **1236**

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **Thomas King** **1**

13. Birthplace **Minn** **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Hester Calaway**

15. Birthplace **Minn**
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant's own signature **Zabitha Crossman**

(b) Address **326 Montrose**

23. Signature **Richard C. Whittier** (M. D. or other) **1236**

Address **2601 N Whittier** Date signed _____

17. (a) **Burial** (b) Date thereof **Nov 28 39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Father Dickson**

18. (a) Signature of funeral director **J W Hughes**

(b) Address **2620 Lawton Blvd**

19. (a) **NOV 28 1939** (b) **JO [Signature]**
(Date received local registrar) (Registrar's signature)

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. 6-17-39
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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.....

Lyda Hughes

Licensed Embalmer No.....

2938

P. O. Address.....

2620 Lawton

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.