

JAN 12 1940

Registrar's No. 10354Registration District No. 207

Primary Registration District No. _____

1. PLACE OF DEATH: 1003

(a) County _____ /

(b) City or town Saint Louis /
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 4 hours
(Specify whether _____)

In this community Unavailable
years, months or days

3. (a) PRINT FULL NAME Aaron Morrisett 123

3. (b) If veteran, ---- name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Addie Morrisett

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 18 1872
(Month) (Day) (Year)

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

| | | | |
|-----------|----------|-----------|----------------------|
| <u>67</u> | <u>7</u> | <u>11</u> | _____ hr. _____ min. |
|-----------|----------|-----------|----------------------|

9. Birthplace Meridian Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Retired

12. Name Zachariah Morrisett /

13. Birthplace Union Town Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Price /

15. Birthplace Enterprise Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Addie Parler

(b) Address 4274 West North Market St.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12-4-39
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles G. Gates

(b) Address 4107 Finney Avenue

19. (a) 1939 (Date received local registration)

(b) J. Frank (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____ /

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

(d) Street No. 1317 North 22nd Street,
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29,
year 1939 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from
July 10, 1939, to November, 1939
that I last saw him alive on November 11 1939
and that death occurred on the date and hour stated above.

Immediate cause of death fasting carcinoma Duration 6 Mo

Due to Septic Stasis non alcoholic

Due to _____

Other conditions (Include pregnancy within 3 months of death) HP

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature J. Moore (M. D. or other)

Address 1418 Franklin Avenue Date signed _____

STATEMENT BY LICENSED EMBALMER

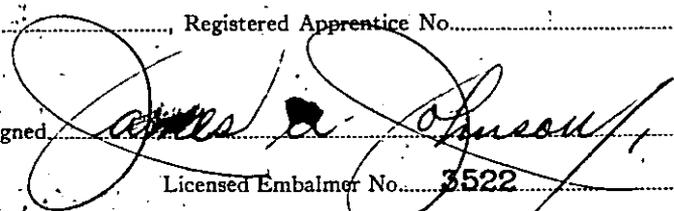
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

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.