

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41712  
Registrar's No. 10835

JAN 12 1944 791  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1000 1944  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5600a Etzel Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Albert Benson Morris  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Flora  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 26 1857  
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 20  
If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Grocer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Helen Bartholomew

15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lowell Morris

(b) Address 5650 Bartmer Ave.

17. (a) Cremation (b) Date thereof 12/20/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla CEM.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) DEC 19 1939 (b) J. B. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5600a Etzel Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16  
year 1939 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from Oct. 21, 1939, to Dec. 16, 1939;  
that I last saw him alive on Dec. 15, 1939,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 6 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions No  
(Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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 \_\_\_\_\_

28. Signature John J. Langan (M. D. or other) \_\_\_\_\_  
Address 5803 Oymour St. W. Date signed Dec 18/39

PHYSICIAN  
Underline the cause to which death should be charged statistically

**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..... *J. G. Sullivan*.....

Licensed Embalmer No..... *1122*.....

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.**