

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Luthern Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** 19
(If outside city or town limits, write "RURAL")
(d) Street No. **4249 McPherson**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10th**
year **1940** hour **12** minute **10** A. M.
21. I hereby certify that I attended the deceased from **4/18**
19**40** to **May 10** 19**40**
that I last saw him alive on **May 19** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death:
Broncho Pneumonia
Terminal
Due to **Cerebral Hemorrhage**
Hypertension
Due to _____

Duration

Other conditions:
(Include pregnancy within 3 months of death) **J. J. G.**

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)
(e) Means of injury _____
23. Signature **J. J. G.** (M. D. or other) _____
Address **3702 Gravois** Date signed _____

3. (a) PRINT FULL NAME **James Richard Morrow** 600

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Mattie** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **March 6 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 2 4 hr. min.

9. Birthplace **Union City Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Real Estate Sales. (retired)**

11. Industry or business _____

12. Name **James Morrow**

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

14. Maiden name **Nancy Keith**

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

16. (a) Informant **Horrell R. Morrow**

(b) Address **4249 McPherson Ave.**

17. (a) **Burial** (b) Date thereof **5-13-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

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

(b) Address **4700 Washington Ave.**

19. (a) **MAY 10 1940** (b) **J. J. G.**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. H. 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.