

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29722

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1609

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Admitted 5/1/40
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Aubrey L. Morrow (Last)

3. (b) If veteran, name war World War 3. (c) Social Security No. Yes - Not remembered

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

6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 4 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>1</u>	<u>18</u>	hr. _____ min.

9. Birthplace Monataw County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Ransom Morrow

13. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Son

15. Birthplace Monataw Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schullig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (b) Date thereof Aug. 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Missouri

18. (a) Signature of funeral director C. W. Hughes, M.D.

(b) 814 S. Broadway, St. Louis, Mo.

19. (a) Aug 22 1940 (b) M. C. Hughes, M. D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town Lebanon,
(If outside city or town limit write "RURAL")
 (d) Street No. Route #4. (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd
 year 1940 hour 12:01 minute _____ p. a. M.

21. I hereby certify that I attended the deceased from May 1, 1940, 19____, to August 22nd 1940, that I last saw him alive on August 22nd 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach with metastases to the liver and both lungs. Duration unkn.

Due to _____

Due to 4/6

Other conditions none.
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy Autopsy performed. See cause of death.
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) 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? Certifying Res (e) Means of injury _____

23. Signature C. W. HUGHES, M.D. (M. D. or other) _____
 Address Chief Medical Officer Date signed 8/22/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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

James C. Hoffmann

Licensed Embalmer No.

3871

P. O. Address

7814 S. Park

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.