

DEC 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39524

Registration District No. 794

Primary Registration District No. 111

Registrar's No. 2543

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Claude Morrill

3. (b) If veteran, name war World War 1 3. (c) Social Security No. 493-07-8137

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Orpha E. Morrill
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased August 10 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Nevada Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation District Sales Manager,

11. Industry or business Iron Fireman Co.

12. Name Levi J. Morrill

13. Birthplace Canada 2
(City, town, or county) (State or foreign country)

14. Maiden name Eva Parker

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. C. Morrill

(b) Address 24 Sylvester Ave. Webster Groves Mo

17. (a) Burial (b) Date thereof Dec. 15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) DEC 15 1941 (b) C. S. Mc Gavran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 096
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL") 4
(d) Street No. 24 Sylvester Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13th
year 1941 hour 2.15 minute A. M.

21. I hereby certify that I attended the deceased from March 14, 1940 to 12/13/41, 19...
that I last saw him alive on 12/12/41, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of Left Kidney ?
nature undetermined

Due to.....

Due to.....

Other conditions Poly cystic Kidneys ?
(Include pregnancy within 9 months of death)

Major findings:
Of operations Kidney Tumor
Poly cystic Kidneys
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 W. Thandowsky M.D. (M.D. or other)
Address Arcade Bldg Date signed 12/13/41

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

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me

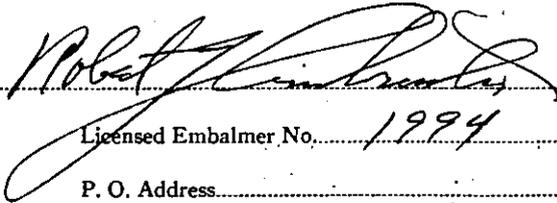
JAN 29 1942

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.....


Licensed Embalmer No..... 1994

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, fact should be so stated above.