

S. No. 2  
OM-1-4-41  
Ev. 5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 24 1942 91

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 1003

State File No. 641  
Registrar's No. 100

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

1. PLACE OF DEATH:

(a) County St. Louis Mo  
 (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 2235<sup>th</sup> Cass  
 (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 EDWARD T. MORRIS  
 (b) If veteran, name war ✓  
 (c) Social Security No. ✓

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Jeanne Morris (c) Age of husband or wife if alive 83 years  
 7. Birth date of deceased June 3, 1858  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>6</u>	<u>1</u>	

9. Birthplace St. Louis Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Bus Worker

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

MOTHER FATHER { 12. Name Ireland  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Vertude Nusterna  
 (b) Address 2235<sup>th</sup> Cass

17. (a) Burial (b) Date thereof 1/14/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. J. Gredek  
 (b) Address 2849<sup>th</sup> Euclid

19. (a) JAN 5 1942 (b) J. J. Gredek  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County St. Louis 20<sup>th</sup>  
 (c) City or town St. Louis 20<sup>th</sup>  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2235<sup>th</sup> Cass (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12  
 year 1942 hour 2 minute pm M.

21. I hereby certify that I attended the deceased from 12/27  
1941 to 1/12/42  
 that I last saw h \_\_\_\_\_ alive on Dec 29, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Acute Myocarditis  
 Due to \_\_\_\_\_  
Cirrhosis  
 Due to \_\_\_\_\_  
 Other conditions Arterio Sclerosis  
 (Include pregnancy within 3 months of death)

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 W. J. Steyer (M. D. or other) \_\_\_\_\_  
 Address 1875 Madison Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

MAR 9 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..... *Alvin Mayfield*  
Licensed Embalmer No. *3037*  
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.**