

2441
S. No. 2
M-9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16472**
5081
Registrar's No. _____

FILED JUN 22 1942 791

Registration District No. _____ Primary Registration District No. **1003**

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19
9

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Missouri**

(c) Name of hospital or institution: **St. Louis City Hospital** **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 Days**
(Specify whether years, months or days)

In this community **40 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis, Missouri** **12/9**
(If outside city or town limits, write "RURAL")

(d) Street No. **741 Aubert Ave.**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **no**

3. (a) PRINT FULL NAME **Albert Julius Morrison**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **male** **0** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Florence Morrison** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased: **7** (Month) **9** (Day) **1869** (Year)

8. AGE: Years **72** Months **11** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Paducah, Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business _____

MOTHER FATHER

12. Name **Warren Morrison**

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

14. Maiden name **Helen Adams**

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

16. (a) Informant **Max Harry C. Morrison**

(b) Address **11729 1/2 W. 11th St.**

17. (a) **Cremation** (b) Date thereof **6-12-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Alexander & Sons**

(b) Address **6175 Delmar Blvd.**

19. (a) **JUN 11 1942** (b) **J. J. Brudeck**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10**, year **1942** hour **12:35** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 30**, 1942 to **June 10**, 1942 that I last saw him alive on **June 10**, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary Tuberculosis**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **12/9**

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. Brudeck M.D.** (M. D. or other) **0**
Address **1515 Lafayette Avenue** Date **6/10/42**

(Licensed Embalmer's Statement on Reverse Side)

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

Jos. E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address *6175 Pellmar*

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.