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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19843
State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5410

1. PLACE OF DEATH:
(a) County
(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: 1929 - Bell Glade Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Abt 24 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 1711
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1929 Bell Glade Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gus Morris
3. (b) If veteran, name war
3. (c) Social Security No. 489-01-0016
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie Morris
6. (c) Age of ~~husband~~ or wife if alive 51 years
7. Birth date of deceased June (Month) 25 (Day) 1884 (Year)

8. AGE: Years 57 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Fulton (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Porter
11. Industry or business Office Bldg
MOTHER FATHER
12. Name George Morris
13. Birthplace Unk (City, town, or county) (State or foreign country)
14. Maiden name Mary Blackman
15. Birthplace Unk (City, town, or county) (State or foreign country)
16. (a) Informant Hattie Morris
(b) Address 1929 Belle Glade Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation Farther Dickson
18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 F Finney Ave
19. (a) JUN 24 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1942 hour 5 minute 58 A.M.
21. I hereby certify that I attended the deceased from June 2, 1942 to June 19, 1942 that I last saw him alive on June 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Post Broncho-Pneumonic Myocarditis — Duration 3-4 wks
Due to Previous 4 week Broncho-Pneumonia
Due to As chronic myocarditis
Other conditions Contributing
(Include pregnancy within 3 months of death)
Major findings:
Of operations No
Of autopsy No

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? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature Russell W. White (M. D. or other) MD
Address 2424 a N. Sarah St. St. Louis, Mo. Date signed 6/20/42

(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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Ave

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.