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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1943 818

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 3969

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Delege
(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 Denny Morris
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race w 6. (a) Single, widowed, married, divorced INFANT
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 3 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day 12 hr. _____ min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____
MOTHER FATHER { 12. Name Ernest F. Morris
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Alice M. Martin
15. Birthplace Annapolis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mother
(b) Address 2444 So. 2nd
17. (a) Autopsy (b) Date there 8-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Rose of Lima

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 009
(a) State Missouri (b) County _____
(c) City or town St. Louis 923
(If outside city or town limits write "RURAL")
(d) Street No. 2444 So. 2nd street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 4
year 1943 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from MARCH 3 1943 to MARCH 4 1943
that I last saw him alive on MARCH 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Anencephalus congenital anomaly
Duration _____

Due to _____
Due to _____
Other conditions (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) Means of injury _____
23. Signature John P. Ferguson (M. D. or other) M.D.
Address 13255 Grand Date signed 3/10/43

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

Body released to St. Louis
University School of Medicine

J.P. Ferguson M.D.

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.....

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.