

No. 2
-5-43
-17-39
X38671

FILED FEB 27 1944 18

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 331

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5yrs, 3mo, 16days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME James Morrow.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. July 18 1852
(Month) (Day) (Year)

8. AGE: Years Months Days if less than one day
91 5 6 hr. min.

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

10. Usual occupation. Salesman.

11. Industry or business. ??

MOTHER FATHER

12. Name. Robert Morrow.

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

14. Maiden name. Kate Griffin.

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

16. (a) Informant. Louise Green

(b) Address. 5800 Arsenal

17. (a) Cremation (b) Date thereof. 1-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. City Crematory

18. (a) Signature of funeral director. Joe Ryan

(b) Address. 5800 Arsenal

19. (a) JAN 12 1944 (Date received local registrar) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri. (b) County. 17
(c) City or town. St. Louis,
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5800 Arsenal. 13
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country. American. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1943 hour 7:00 minute p. M.

21. I hereby certify that I attended the deceased from March 15
1943 to 12/24 1943
that I last saw him alive on 12/24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Uncompensated myocarditis Duration 3 months

Due to. arteriosclerosis several years

Due to. 03

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsy. none

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. A. G. Hunt (M. D. or other) M.D.
Address. 5800 Arsenal Date signed. 12/27/43

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

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.