No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8937

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2916

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: in Rought Home & Phillips Hosp (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9 18
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3403 Clark ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CATHERINE FOREST

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

4. Sex F
5. Color or race C
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Jack Morris
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Apr (Month) 4 (Day) 1909 (Year)

8. AGE: Years 34 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Marianna (City, town, or county) Ark (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Bag factory
FATHER
12. Name Oscar Armstrong
13. Birthplace Corent (City, town, or county) Miss (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Helen Tippins
(b) Address 2135 Eugenia st
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3 (Month) 29 (Day) 44 (Year)
(c) Place: burial or cremation Hughes Ark
18. (a) Signature of funeral director W F Walton
(b) Address 2707 Stoddard St
19. (a) MAR 29 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22nd year 44 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from Bullet Wound of heart & Both lungs

Due to inflected at the hands of one Sandy Harris Col.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Mar 22 1944
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury Gunshot

23. Signature Thomas F Callanan (M.D. or other)
Address Deputy Coroner Date signed 3-27-44

(Licensed Embalmer's Statement on Reverse Side)

2916

2916

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine,

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.