

FILED MAR 2 1944

1003

Registration District No.

Primary Registration District No.

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

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:
Jewish Hospital
(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 Thomas Morris

3. (b) If veteran, name war None
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Elle Morris
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased July 21 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>7</u>	<u>20</u>	hr. min.

9. Birthplace White County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business Self

MOTHER FATHER {
 12. Name William Morris
 13. Birthplace Poseville Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Graham
 (b) Address 4255 McPherson

17. (a) Removal (b) Date thereof 3-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grayville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd

19. (a) MAR 13 1944 (b) J.F. Bredt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County White
 (c) City or town Grayville
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(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 11
 year 1944 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 2, 1944 to March 11, 1944
 that I last saw him alive on March 11, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Liver
(Primary focus not determined)

Due to.....
 Due to.....

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings: Extensive involvement of Liver
 Of autopsy.....

Duration
 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) (c) Means of injury

23. Signature J.O. Fisher (M. D. or other)
 Address 3720 Washington Blvd Date signed 3/13/44

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 *John Gonoski*
Licensed Embalmer No. *3398*
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.