

FILED NOV 10 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9251

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
 In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 1522 Inge Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Andrew Morman

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

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

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

7. Birth date of deceased: 11 (Month) 12 (Day) 1882 (Year)

8. AGE: Years 62 Months 11 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Waiter

11. Industry or business _____

MOTHER FATHER

12. Name David Morman

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

14. Maiden name Lovisea

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

16. (a) Informant Blanch Wormley

(b) Address 4349 Finney Ave.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11 / 1 / 44 (Month) (Day) (Year)

(c) Place: burial or cremation Atlanta Ga.

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 E Finney Ave

19. (a) Oct 31 1944 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

20. DATE OF DEATH: Month October day 28, year 1944 hour 6 minute 35 A. M.

21. I hereby certify that I attended the deceased from October 23, 1944, to October 28, 1944, that I last saw him alive on October 28, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Myocardial infarction

Duration terminal
terminal

Due to _____
 Due to _____

Other conditions Brain Tumor - malignant (Include pregnancy within 3 months of death) Unk.

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) (e) Means of injury _____

23. Signature Blanch Wormley (M. D. or other)

Address 6601 Whittier Date signed 12/24/44

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

Boitman

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SI

IF

SI

signed J.M.L.

10010

STATEMENT BY LICENSED EMBALMER

11 110 51730

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~

Chester A. Marshall

Registered Apprentice No.

working under my personal supervision.

Signed

Chester A. Marshall

24/1 1 II

Licensed Embalmer No. 4381

P. O. Address. 4202 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.