

Registration District No. **318** Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Marion X. Morris**

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

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

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

7. Birth date of deceased **June 10 1891**
(Month) (Day) (Year)

8. AGE: Years **53** Months **5** Days **3** If less than one day hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Attorney**

11. Industry or business _____

12. Name **Joseph J. Morris**

13. Birthplace **New York City New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Marion**

15. Birthplace **Richmond Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Loretta Morris**

(b) Address **5276 Waterman Ave.**

17. (a) **Burial** (b) Date thereof **11-16-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**
Albert H. Hoppe

18. (a) Signature of funeral director _____
(b) Address **4700 Washington Blvd.**

19. (a) **NOV 14 1944** (Date received local registrar) **J. F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5276 Waterman Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **13**
year **1944** hour **11:50** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion
Coronary Thrombosis

Due to _____

Due to **94a**

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

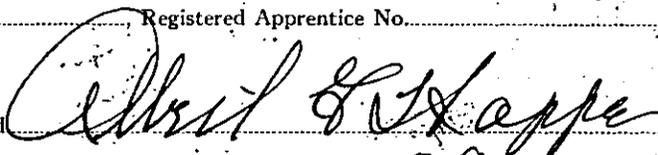
23. Signature **Alfred Perry** (M. D. or other) _____

Address **5276 Waterman Ave.** Date signed **11/14/44**

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.....
.....
working under my personal supervision.

Signed  Registered Apprentice No.
Licensed Embalmer No. 2971
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.