

FILED DEC 29 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 102778

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:
Missouri Pacific 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 Charles E.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve
(c) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL")
(d) Street No. 473 La Compt NR
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

CHARLES MORROW

3. (b) If veteran, name war _____ Nil

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Naomi May Morrow

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased November 25 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 22
If less than one day hr. _____ min. _____

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

10. Usual occupation Bridge Foreman

11. Industry or business Missouri Pacific R.R.

12. Name George Thomas Morrow

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

14. Maiden name Amanda Leslie

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

16. (a) Informant Mrs. Naomi Morrow

(b) Address Ste. Genevieve, Mo.

17. (a) Removal (b) Date thereof 12-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta, Illinois

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

(b) Address 4700 Washington Blvd.

19. (a) DEC 18 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th.
year 1944 hour 2 minute 05 P.M.

21. I hereby certify that I attended the deceased from 12/15 1944, to 12/17 1944.

that I last saw him alive on 12/17/44 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cardiac failure, Organic Cerebral hemorrhage
Due to _____
Due to C hemiplegia

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

Major findings: Of operations J.F.

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 J. Schlenker (M. D. or other) _____
Address 1105 Pac. Hoop. Date signed 12/17/44

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

MOTHER FATHER

JAN 17 1945

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.....

G. W. Wilkinson
Licensed Embalmer No. *3575*

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.