

BUREAU OF THE CENSUS
FILED FEB 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **161**

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:
City Hosp. D
(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..... Mo (b) County.....
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No..... 2350 S. Compton Av.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Robert Morrison

3. (b) If veteran, name war..... World War 2 **3. (c) Social Security No.** 497-20-9360

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

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

7. Birth date of deceased. Feb. 1, 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>43</u>	<u>11</u>	<u>4</u>hr.min.

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

10. Usual occupation Laborer

11. Industry or business.....

12. Name. Angus Morrison

13. Birthplace. Albany N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name. Bertha Oetter

15. Birthplace. Gasconade Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant. Bertha Morrison

(b) Address. 2350 S. Compton Av.

17. (a) Burial (b) Date thereof: 1-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. V. National Cem

18. (a) Signature of funeral director. Wm. B. Le...

(b) Address. 2926 S. Jefferson Av.

19. (a) JAN 7 1946 **(b)** J. F. Bredeek
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1946 hour 8 minute 30 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
Edema of Brain
Pulmonary Congestion

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

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury

23. Signature Patric E. Dyer (M.D. or other)

Address..... Date signed 1/7/46

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

2895

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.....

Edm.....*Davis*....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Edgar F. Witt*.....
Licensed Embalmer No.....*2117*.....

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.