

FILED JUN 13 1946

1003

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 4819

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:
City Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Bernard E. Morris.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie Morris 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased December 25, 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 3 If less than one day
hr. _____ min. _____

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

10. Usual occupation Mail Carrier retired.

11. Industry or business _____

MOTHER FATHER { 12. Name Dont know.
13. Birthplace England.
(City, town, or county) (State or foreign country)
14. Maiden name Dont know
15. Birthplace England.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Morris.
(b) Address 1463 Blackstone Avenue.

17. (a) Burial (b) Date thereof 5-31-1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) MAY 29 1946 (Date received local registration)
J. F. Bruesch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 1463 Blackstone Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th.
year 1946 hour 3 minute 45 P.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 _____
Due to _____
Due to _____

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

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)
(c) Means of injury 3
23. Signature Adrick E. Taylor, M.D.
Address 1300 Clark Date signed 5-29-46

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.....

Licensed Embalmer No.....

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.