

**FILED** JUN 20 1946  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

**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:  
**St. Louis Childrens 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

**3. (a) PRINT FULL NAME** **RICHARD EARL MORRIS**  
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

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 **April 29 1946**  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**1 8** hr. \_\_\_\_\_ min.

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

10. Usual occupation **Nil**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **William Morris**  
 13. Birthplace **Indianapolis Indiana**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Anna L. Montgomery**  
 15. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

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

(b) Address **1439 Morrison Lane**

17. (a) **Burial** (b) Date thereof **6-8-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c)\* Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**

(b) Address **1710 N. Grand Blvd.**

19. (a) **JUN 8 1946** (b) **J. F. Breda**  
(Date received local registrar's certificate) (Registrar's signature)

**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. **1439 Morrison Lane**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **7**  
 year **1946** hour **12** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **5-4 1946** to **6-7 1946**;  
 that I last saw him alive on **6-7 1946**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Malnutrition** Duration \_\_\_\_\_

Due to **intestinal obstruction**

Due to **congenital atresia of bowel**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **157**  
 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 **0**

23. Signature **K. J. [unclear]** (M. D. or other) \_\_\_\_\_

Address **St. Louis, Mo.** Date signed \_\_\_\_\_

20909 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Fred Frick*

Licensed Embalmer No..... **3186**.....

P. O. Address..... **St. Louis, Mo.**.....

**Not Embalmed**

**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.**