

FILED MAY 9 1947

318

1003

Registrar's No. 395

Registration District No. 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:
HOMER G. PHILLIPS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether)
In this community 27 YEARS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2200 WALWANT.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME CORNELIUS MORSEE

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

4. Sex MALE 5. Color or race COL 6. (a) Single, widowed, married, divorced WIDOW

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

7. Birth date of deceased MAR 20 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 9 hr. min.

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

10. Usual occupation LABOR.

11. Industry or business

12. Name NICK MORSEE

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

14. Maiden name PATTERSON

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

16. (a) Informant SALLIE HUNTER

(b) Address 4229 PAPIX

17. (a) BURIAL (b) Date thereof May 2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director F. A. GREEN

(b) Address 2910 FRANKLIN AVE

19. (a) APR 30 1947 (b) J. F. BRUCE
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 28
year 1947 hour 2:00 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 Lobar Pneumonia;

Due to 108

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
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?
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature Clifford Perry (M. D. or other)
Address Washington Date signed 4/29/47

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

MOTHER FATHER

He-7966

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.....

J. A. Green

Licensed Embalmer No.....

2963

P. O. Address.....

2915 Franklin

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.