

1/47  
17:39

State Office of Vital Statistics  
FILED JUN 5 1948 318

State File No. ....  
Registrar's No. 5285

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: Enroute City Hospital 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. Baltimore Hotel-9th & Pine 9  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Fred J. Morrison

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

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 October 21 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40 7 5 ..hr. ..min.

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

10. Usual occupation Bartender

11. Industry or business.....

12. Name John W. Morrison

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

14. Maiden name Luella Eoff

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

16. (a) Informant Henry J. Morrison  
(b) Address 3614a Dodier St.

17. (a) Burial Calvary Cemetery (b) Date thereof 5-29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation, Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) MAY 27 1948 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1947 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate Cause of death.....  
Smoking in stomach  
from Anger's asphyxia

Due to.....

Due to.....  
Paris

Other condition From natural causes  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... 176

Of autopsy.....

Duration

PHYSICIAN

Underline the cause of death which 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?..... (A Means of injury 3)

23. Signature Patricia E. Taylor (M.D. or other) Dep. Cor  
Address 1300 Clark Date signed 5-27-47

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

MOTHER FATHER

---

---

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

*B. W. Wilkerson*

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.

Registration District No. 318

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:  
(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 Fred J. Marnon

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased Oct 2 (Month) 1900 (Day) (Year)

8. AGE: Years 40 Months 7 Days 1 (less than one day) hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

{ 14. Maiden name.....

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

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a) 5-27-1947 (b) J. Freedek  
(Date received local certificate) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June year 1947 hour 12 minute 45 M.

21. I hereby certify that I attended the deceased from..... 19.....  
that 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:

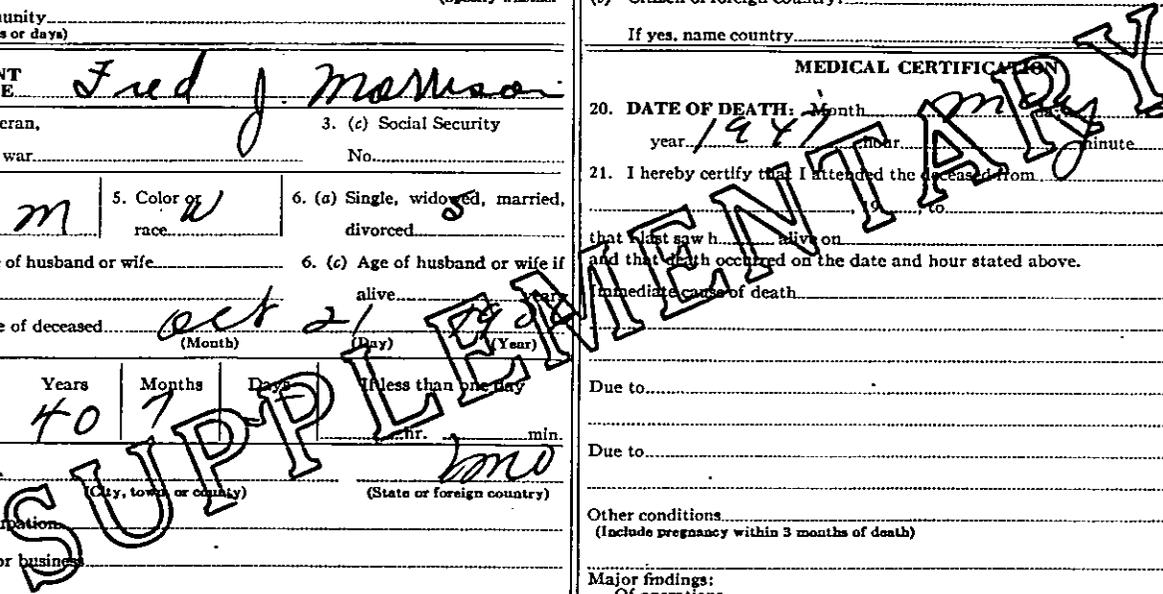
(a) Accident, suicide, or homicide (specify).....

(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.....

23. Signature..... (M. D. or other).....  
Address..... Date signed.....



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

S-19175