. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 22 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19176
Registrar's No. 4870

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: St. Louis City Hospital # 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days. (Specify whether
In this community 1½ Years. 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. 3718 N 25 St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James P Morrison.
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Olga, Moerrison
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) 22 (Day) 1886 (Year)

8. AGE: Years 61 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) England (State or foreign country)
10. Usual occupation Com Laborer
11. Industry or business

FATHER
12. Name John Morrison.
13. Birthplace Unknown (City, town, or county) Ireland. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maurice Bradley.
(b) Address 3718 N 25 St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation West Frankfort, ILL
18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave.
19. (a) MAY 14 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 13 year 1947 hour 6 minute 35 a 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 Fracture of skull 2 Subdural hemorrhage of brain suffered when deceased lost his balance and fell over the bandstand leading from the second to the ground floor at his home 3718 N 25 St on May 11th 1947 at about 1.30 A M

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 11 1947
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fall
23. Signature Patrick E Taylor (M. D. or other)
Address Dy Ex Date signed 5/14/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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: Ernest W. Spillard

Licensed Embalmer No. 4080

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.