S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29344

FILED AUG 21 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7656

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

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 3147 Laclede Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000
(c) City or town ST Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3147 a Laclede 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herbert Morrhead
3. (b) If veteran, name war No
3. (c) Social Security No.

4. Sex Male
5. Color or race C
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased 2 (Month) 28 (Day) 1903 (Year)

8. AGE: Years 44 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Brinkley (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Cook
11. Industry or business
MOTHER FATHER
12. Name Joseph Morrhead
13. Birthplace S.C. (City, town, or county) (State or foreign country)
14. Maiden name Malissa Owens
15. Birthplace Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Hazel Morrhead
(b) Address 3141 Laclede
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Brinkley, Ark.
18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington
19. (a) AUG 12 1947 (Date received local registrar) (b) J. F. Beredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8
year 47 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from 8/4/47, 19..., to 8/8, 1947
that I last saw him alive on 8/8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heat Prostration — Duration 4 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 191
Major findings:
Of operations 40
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: 000
(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
Signature Vaughn E Coyne M. D. or other
Address 3146 a Laclede Date signed 8/11/47

Jefferson City Printing Co.
AUG 12 1947

(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.....W. Claude Gordon

Licensed Embalmer No.....3489

P. O. Address.....4575-Aldine

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.