. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1947

Registration District No. 3 [illegible]

Primary Registration District No. 3063

State File No. 0

Registrar's No. 2190

WRITE PLAINLY—USING UNFADING BLACK I[illegible]—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Hours (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Carsonville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2625 Carson Rd. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

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

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife May
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased (Month) (Day) (Year) 1880

8. AGE: Years about 66. Months Days If less than one day hr. min.

9. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation RETIRED
11. Industry or business PUBLIC SERVICE Co.
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant May Morris
(b) Address 3320 Marvin
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEM.
18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Rd. Overland Mo.
19. (a) 10-17-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1947 hour 10 40 minute P.M.
21. I hereby certify that I attended the deceased from Oct. 14, 1947 11:40 AM 19 to Oct 14, 1040 pm 1947;
that I last saw him alive on Oct. 14 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 1) BRONCHO PNEUMONIA	3 days
2) CEREBRAL VASCULAR ACCIDENT OF PROBABLE THROMBOTIC ORIGIN	3 weeks
Due to GENERALIZED ARTERIOSCLEROSIS	
CEREBRAL ARTERIOSCLEROSIS	
Due to ARTERIOSCLEROTIC HEART DISEASE	
Other conditions 93d (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy — NONE

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)
(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 0
23. Signature B. Smith Jr. M.D. (M. D. ~~or other~~)
Address 601 S. Brentwood Clayton Mo. Date signed 10-15-47

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

OCT 22

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.....

Licensed Embalmer No.....

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.