No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

2874

State File No. 1104

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

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

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: Gundlach School - 2931 Arlington Avenue
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 7627 Carrswold Drive 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME ARTHUR FRANCIS MORRISON

3. (b) If veteran, name war no

3. (c) Social Security No. NONE

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida Belle Morrison

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March (Month) 24 (Day) 1885 (Year)

8. AGE: Years 62 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Seventy Six (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Principal

11. Industry or business Gundlach School

FATHER
12. Name John Morrison
13. Birthplace unknown (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Martha Self
15. Birthplace unknown (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Ida Belle Morrison
(b) Address 7627 Carrswold Drive, Clayton

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Missouri

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) FEB 5 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd year 1948 hour 9 minute — AM.

21. I hereby certify that I attended the deceased from March 29 1946 to Feb. 2 1948 that I last saw him alive on Jan. 20 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	sev. mos.
Due to: Arteriosclerotic heart disease with auric. fibrill.	3 YRS
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93

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)

(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 John L Horner (M.D. or other) M D
Address 114 N. Taylor St. Louis 8 Date signed 2-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1948

APR 2 1948

Dr. John L. Horner
114 N. Taylor Avenue.
JE-8600

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, Mo

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.