

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:  
St. Mary's Infirmary  
(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 Felix Morris  
3. (b) If veteran, name war None  
3. (c) Social Security No. 329-10-3587

4. Sex Male 5. Color or race Col.  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
7. Birth date of deceased Mar. 2 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 3 7 hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business Aluminum Ore Co.

MOTHER FATHER {  
12. Name Unavailable  
13. Birthplace "  
(City, town, or county) (State or foreign country)  
14. Maiden name Unavailable  
15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Morris Hollis

(b) Address 1326 Bd'wy. E. St. Louis, Ill.

17. (a) Removal (b) Date thereof 6/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director E. J. Jones

(b) Address 3517 Laclede

19. (a) JUN 12 1948 (b) J. F. Braccia  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St. Clair 999  
(c) City or town E. St. Louis 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1240a E. Broadway 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1948 hour \_\_\_\_\_ minute 40 A.M.

21. I hereby certify that I attended the deceased from 6-2-1948 to 6-9-1948  
that I last saw him alive on 6-8-48  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Disease of Heart  
Duration Chronic

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic nephritis  
(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury 0

23. Signature W. J. A. Barndt

Address 1577 Main St Date signed 6/10/48

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**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.

1123

P. O. Address

3512 Seaside Ave

**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.**