

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3060

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 953

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MO. b. COUNTY Adco

b. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN St. Louis

c. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN St. Louis Mo.

d. FULL NAME OF HOSPITAL OR INSTITUTION  
Josephine Heitkamp

d. STREET ADDRESS (If rural, give location)  
5780-Sheple ave

3. NAME OF DECEASED (Type or Print) George Ervin Morrow  
a. (First) b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)  
Jan. 29. 1949

5. SEX M 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED  
2

8. DATE OF BIRTH 1857-12-5

9. AGE (In years last birthday) 91  
IF UNDER 1 YEAR: Months 1 Days 24  
IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired

10b. KIND OF BUSINESS OR INDUSTRY  
Farmer

11. BIRTHPLACE (State or foreign country)  
Ohio

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
Thomas Morrow

13b. MOTHER'S MAIDEN NAME  
Mary Jane Harber

14. NAME OF HUSBAND OR WIFE  
Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Esther Morrow Kartsough 5780 Sheple St. Louis Mo.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute coronary artery occlusion  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) chronic myocarditis  
DUE TO (c) mitral valve insufficiency  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
Carcinoma of prostate

INTERVAL BETWEEN ONSET AND DEATH  
5 minutes  
420

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26, 1949, to 1-29, 1949, that I last saw the deceased alive on 1-29, 1949, and that death occurred at 7:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
J. M. Macnish M.D.

23b. ADDRESS  
508 N. Grand St. Louis 3, Missouri

23c. DATE SIGNED  
1-29-49

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

24b. DATE  
Feb. 14, 1949

24c. NAME OF CEMETERY OR CREMATORY  
Montrose

24d. LOCATION (City, town, or county) (State)  
Greenville Illinois

DATE REC'D BY LOCAL REG.  
JAN 31 1949

REGISTRAR'S SIGNATURE  
J. B. Lavater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
O. E. Bass Greenville, Ill.

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

7

896

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*No Embalmer*

Signed.....

Student Embalmer

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.