

FILED MAR 8 1949 STANDARD CERTIFICATE OF DEATH

State File No. 7018

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 330

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri, b. COUNTY <i>ms</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS <i>0159</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Home for Aged		d. STREET ADDRESS (If rural, give location) 1346 JANUARY 1	

3. NAME OF DECEASED (Type or Print) a. (First) John C. Morus b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 3 49		
5. SEX U Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Feb 21 1874		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) UNKNOWN 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME IRVING H. WESP.	
ADDRESS					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, atheria, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>chronic myocarditis</i>				
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) <i>Senility</i>				
		DUE TO (c) <i>4222</i>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec 7, 1948, to Feb 3, 1949, that I last saw the deceased alive on Feb 3, 1949, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>A. J. Merdian M.D.</i>		(Degree or title)		23b. ADDRESS 3507 Polomere		23c. DATE SIGNED 2/3/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-5-49	24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEWS		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
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DATE REC'D BY LOCAL REG. 2-5-49		REGISTRAR'S SIGNATURE <i>Thurmond B. Leung...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>M. J. Cray...</i>		ADDRESS 716 Manchester Ave.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

96000

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.

Student
Student Embalmer

Signed

J. Allen Davis Jr

Licensed Embalmer No. *4053*

P. O. Address *Stennis 10 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.