S. No. 300
V. 10.48

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

FILED MAY 10 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12920

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 15

**1. PLACE OF DEATH**
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hillsboro, Missouri.
c. LENGTH OF STAY (In this place): 1 yr-4 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cedar Grove Nursing Home. 4

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis, 6
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City 5,
d. STREET ADDRESS (If rural, give location): 7062 Washington Blv'd., 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): PETER
b. (Middle): HOLME
c. (Last): MORRISON.

**4. DATE OF DEATH** (Month) (Day) (Year): April 21, 1949

**5. SEX**: Male. 0
**6. COLOR OR RACE**: White.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed. 0
**8. DATE OF BIRTH**: July 28, 1869
**9. AGE** (In years last birthday): 79 — If under 1 year: Months 8, Days 23 — If under 24 hrs.: 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**:
**11. BIRTHPLACE** (State or foreign country): St. Louis Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: William N. Morrison
**13b. MOTHER'S MAIDEN NAME**: Cornelia Holme
**14. NAME OF HUSBAND OR WIFE**: Mary M. Morrison.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): unk.
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: DR Cornelia Thompson.. 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) Coronary thrombosis, with myocardial infarction. — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis of coronary arteries — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 4201

**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) m.:
**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* December, 1947, *to* April 21, 1949, *that I last saw the deceased alive on* April 20, 1949, *and that death occurred at* 11⁰⁰ Am., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Thomas A. Donnell O.M.D.
**23b. ADDRESS**: DeSoto, Mo.
**23c. DATE SIGNED**: 4-21, 1949

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial.
**24b. DATE**: 2.23.49.
**24c. NAME OF CEMETERY OR CREMATORY**: Bellefontaine Cemetery..
**24d. LOCATION** (City, town, or county) (State): St. Louis, Missouri.

**DATE REC'D BY LOCAL REG.**: 4-22-49
**REGISTRAR'S SIGNATURE**: Kathleen Marsden 141
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: C.R.Lupton & Sons.. 7233 Delmar Blv'd.,

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 5-9-49
Date Filed

OCT

H. Ann Wounell
Burg Ft.

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 Clarence F. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis, Mo

Signed .....
Student Embalmer

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.