

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21466

State File No. ....

5238

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>dao</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST Louis</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>23 - 2328 Albion</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2828 Albion</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>James</b>	b. (Middle) <b>Patrick</b>	c. (Last) <b>Morrissey</b>	<b>6 - 14 - 49</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-3-1898</b>	9. AGE (In years last birthday) <b>53</b>	10. CITIZENSHIP <b>U.S.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plumber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pipe Co</b>		11. BIRTHPLACE (State or foreign country) <b>St Louis</b>	

13a. FATHER'S NAME <b>Patrick Morrissey</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Condon</b>		14. NAME OF HUSBAND OR WIFE <b>Eloia</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>489-05-0457</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Eloia Morrissey</b>	
				ADDRESS <b>2328 Albion</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <b>Hypertension</b>		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)  DUE TO (c)		
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>92 AIDR</b>

22. I hereby certify that I attended the deceased from **June 11, 1949** to **June 14, 1949**, that I last saw the deceased alive on **June 11, 1949** and that death occurred at **2:25 P. m.** from the causes and on the date stated above.

23a. SIGNATURE <b>J. B. Lasater M.D.</b>		23b. ADDRESS <b>11446 So. Grand</b>		23c. DATE SIGNED <b>6-15-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-18-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>		
DATE REC'D BY LOCAL REG. <b>JUN 17 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service</b>		
			ADDRESS <b>Rowland Mortuary Service</b>		

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

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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.

Student .....  
Student Embalmer

Signed Van M Sigemore

Licensed Embalmer No. 4343

P. O. Address St Louis, 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.