

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25697

BIRTH NO. _____ REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1578

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>999</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quincy</u>	
c. LENGTH OF STAY (in this place) <u>53 days</u>		d. STREET ADDRESS (If rural, give location) <u>Ill. S & S Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>MORRIS</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>7/3/49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>9/15/88</u>
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Mexico 3</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD I</u>		16. SOCIAL SECURITY NO. <u>Unk</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>EUGENE F. NOLAN, REGISTRAR</u>		ADDRESS <u>VET. ADM. HOSP. JEFFERSON BARRACKS, MO.</u>	
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 CERTIFICATE I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diaphragmatic Hernia</u> 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 <u>6/29/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hiatus Hernia</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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 <u>5/11/49</u> , 19 <u>49</u> , to <u>7/3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7/3</u> , 19 <u>49</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James A. Mc Glew</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>V. AHOSP. JEFF. BRKS. MO.</u>	
23c. DATE SIGNED <u>7/3/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 7 - 49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u>		24d. LOCATION (City, town, or county) (State) <u>JEFF. BRKS. MO.</u>	
DATE REC'D BY LOCAL REG. <u>7-5-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFEMEISTER</u>		ADDRESS <u>U & L CO. ST. LOUIS, MO.</u>	

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

OCT 19 1957

OCT 17 1957

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 787 1/2 S. Broadway

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.