

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10853
Registrar's No. 2086

In Wood
4480 Easton
FILED MAR 16 1950

318 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>2181</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Peoples Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>18-3299 So Harrison</i>			
3. NAME OF DECEASED (Type or Print) <i>Frank</i>		a. (First) _____ b. (Middle) <i>Morris</i> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <i>May 1 1950</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>Col</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>June 14, 1888</i>	
9. AGE (In years last birthday) <i>61</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Miss</i>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <i>Robert Morris</i>		13b. MOTHER'S MAIDEN NAME <i>Violet</i>		14. NAME OF HUSBAND OR WIFE <i>Willie Morris</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Willie Morris 3299 So Harrison</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc.: It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>7 hrs</i>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Diarrhea</i>				2 who			
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 type="checkbox"/>	
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>5190</i>			
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? _____			
22. I hereby certify that I attended the deceased from <i>2/15</i> , 19 <i>50</i> , to <i>3/1</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>3/1</i> , 19 <i>50</i> , and that death occurred at <i>12:25 P.</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>J. Wood M.D.</i>				23b. ADDRESS <i>4448 Easton</i>		23c. DATE SIGNED <i>3/2/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 2/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis MO</i>	
DATE REC'D BY LOCAL REG. <i>MAR 1 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>F. G. Green 4714 Delmar</i>			

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

4448th
Easter

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 *F. A. Green*

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.