No. 300
10.48

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

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11395

BIRTH NO. 25322-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 697

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (in this place): 5 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferguson
d. STREET ADDRESS (If rural, give location): 510 Superior St.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Thomas
c. (Last): Morris

4. DATE OF DEATH (Month) (Day) (Year): Mar. 16, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar. 16, 1950
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.: 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): St. Mary's Hospital
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Morris
13b. MOTHER'S MAIDEN NAME: Audrey Francis Poutney
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Charles Morris
ADDRESS: Ferguson, 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) Non-viable 25 wk. fetus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature rupture membrane
DUE TO (c) Premature labor

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

INTERVAL BETWEEN ONSET AND DEATH: 760 5

19a. DATE OF OPERATION: none
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* birth 3-16, 1950, *to* death 3-16, 1950, *that I last saw the deceased alive on* 3-16, 1950, *and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Erwin T. Huber, MD (Degree or title)
23b. ADDRESS: Mo. Theatre Bldg
23c. DATE SIGNED: 3-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/17/50
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): Kirkwood, Mo.

DATE REC'D BY LOCAL REG.: 3-17-50
REGISTRAR'S SIGNATURE: Herbert D. Domke, MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Louis H. Bopp, Inc., Kirkwood, Mo.
(Licensed Embalmer's Statement on Reverse Side)

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.

Not Embalmed

Student _____
Student Embalmer

Signed Peter B. Dubrouillet

Licensed Embalmer No. 369

P. O. Address Richmond, Va.

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.