

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1951

42626

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State File No. 11116

Registrar's No. 11116

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|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | State File No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>0</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>2189</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>18th TOWN 1325 South Grand, St. Louis, Mo.</u> | | 10 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Firmin Desloge Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>See above.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> | | b. (Middle) <u>W.</u> | | c. (Last) <u>Morrison</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-50</u> | |
| 5. SEX <u>Male</u> <input checked="" type="checkbox"/> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u> <u>2</u> | | 8. DATE OF BIRTH <u>February 3rd. 1886</u> | |
| 9. AGE (In years last birthday) <u>64</u> | | 10. MONTHS <u>10</u> | | 11. DAYS <u>23</u> | | 12. HOURS <u>5</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Firmin Desloge Hospital</u> | | 11. BIRTHPLACE (State or foreign country) <u>Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Markson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret M. Lewis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Margaret M. Lewis</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no.</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Sister of Dr. Mary Firmin Desloge Hosp</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 CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SENILITY, CHRONIC PYELONEPHRITIS</u> DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>6000</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>12-27-50</u> , 19____, and that death occurred at <u>4:55 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>M. L. Goehausen M.D.</u> | | | | 23b. ADDRESS <u>1325 S. Grand, St. Louis</u> | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Dec 29-1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Litchfield Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>DEC 27 1950</u> | | REGISTRAR'S SIGNATURE <u>J. A. Lassiter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. A. Bookman 6536 Clayton Rd. Rich Mo 17 Mo</u> | | | |

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

[Handwritten signature]

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert M. Murray

Signed.....

Student Embalmer

Licensed Embalmer No.

3749

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.