

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28935

State File No. ....

FILED AUG 23 1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>2754</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>C</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Ladue</u> <u>4421</u>			
c. LENGTH OF STAY (In this place) _____				d. STREET ADDRESS (If rural, give location) <u>8 Graybridge Lane</u> <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis County Hospital</u>							
3. NAME OF DECEASED a. (First) <u>George</u>		b. (Middle) <u>E</u>		c. (Last) <u>Morris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 51</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 20 1905</u>	
9. AGE (In years last birthday) <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Leather Broker</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (If under 1 year) Months <u>2</u> Days <u>3</u> Hours _____ Mins. _____	
11. BIRTHPLACE (State or foreign country) <u>St. Louis</u> <u>0</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Edward William Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Kelly</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Morris</u> ADDRESS <u>8 Graybridge Lane</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Stroke (myocardial infarction)</u> b. ANTECEDENT CAUSES DUE TO (b) <u>cerebral edema</u> DUE TO (c) <u>acute infectious specific type unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>69319</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unk</u> <u>unk</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>46</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>400</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hubert R. Somike</u>				23b. ADDRESS <u>651 S. Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>7-25-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/26/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-25-51</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Somike M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>3840 Lindell</u>	

(Licensed Embalmer's Statement, on Reverse Side)

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

MAR 21 1952

MAR 11 1952

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4699

P. O. Address St Charles, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri  
County of St. Louis } ss.

State File No. 287 of 0  
Local Registrar's No. 2754

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 13th day of March, 1952, before me appears.....

Herbert R. Domke, M. D., who, upon his oath, states that the original record of ~~birth~~ death  
for George E. Morris died July 23, 1952, ~~XX~~, in the State of  
Missouri, and which was filed at Clayton, Missouri on July 25, 1952, should be corrected as follows:

Item No. 18 should read "Heat stroke"  
Instead of "Cerebral edema" due to "acute infection, specific type unknown"

Item No. .... should read .....  
Instead of .....

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Instead of .....

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Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant. Herbert R. Domke M.D. None  
St. Louis County Health Dept. Relationship.  
Clayton 5, Missouri  
Present Address.

Subscribed and sworn to before me this 17 day of March, 1952

My Commission expires April 28, 1952 Ellen J. Curtin Notary Public.