

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 10 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11403

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>11403</u>		
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Ill</u> b. COUNTY <u>St Clair</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis mo</u>		c. LENGTH OF STAY (In this place) <u>4 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		8120		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>516 North 3rd</u>				
3. NAME OF DECEASED a. (First) <u>Addie</u>		b. (Middle) <u>May</u>		c. (Last) <u>MORRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 22 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>4-15-1893</u>		
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Willett New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fred E Totman</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie</u>			14. NAME OF HUSBAND OR WIFE <u>Chester Morris</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chester A Morris 516 N 3rd St St Louis Ill</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pancreas</u>					INTERVAL BETWEEN ONSET AND DEATH <u>11 wks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastasis to liver</u>					<u>11 wks</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>10-27-1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Pancreas with liver metastasis</u>					20. AUTOPSY? YES <input checked="" 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>157A</u>				
22. I hereby certify that I attended the deceased from <u>Oct 16, 1951</u> , to <u>Dec 22, 1951</u> , that I last saw the deceased alive on <u>Dec 22, 1951</u> , and that death occurred at <u>7:45 PM</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Raymond W. ... D.M.D.</u>			23b. ADDRESS <u>1755 So Grand St St Louis Ill</u>			23c. DATE SIGNED <u>12-23-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 24-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville Ill</u>		
DATE REC'D BY LOCAL REG. <u>DEC 24 1951</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harold A. ... St Louis Ill</u>				

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

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 Harold A. Washburn.....

Licensed Embalmer No. 4621.....

P. O. Address Waukegan, Illinois.....

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.