

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43194**
Registrar's No. **11272**

FILED JAN 10 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS | | c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) 4525 LINDELL BLVD. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) CHASE b. (Middle) c. (Last) MORSEY. | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1951 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH FEB. 23, 1883 |
| 9. AGE (In years last birthday) 68 | | 10. KIND OF BUSINESS OR INDUSTRY Lawyer | 11. BIRTHPLACE (State or foreign country) Warrenton, Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME William L. Morsey. | 13b. MOTHER'S MAIDEN NAME Laura Pulliam. | 14. NAME OF HUSBAND OR WIFE Ruth C. Morsey. St. Louis, Mo. |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth C. Morsey; 4525 Lindell Blvd., |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis | | 9 mo |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis, general DUE TO (c) | | 1 year |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4501 |

22. I hereby certify that I attended the deceased from May, 1951, to Dec. 18, 1951, that I last saw the deceased alive on Dec. 18, 1951, and that death occurred at 6 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Arthur B. Day D. M. D. | 23b. ADDRESS 3720 Washington | 23c. DATE SIGNED 12-19-51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment | 24b. DATE 12-21-1951 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
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| DATE REC'D BY LOCAL REG. HEB 8 0 1951 | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd., |
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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 Melvin F. Kemper

Signed.....
Student Embalmer

Licensed Embalmer No. 4052

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.