

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12847

State File No.

FILED MAR 20 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 688

4000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Crestwood</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u> <u>4693</u>	
c. LENGTH OF STAY (In this place) <u>D.O.A.</u>		d. STREET ADDRESS (If rural, give location) <u>314 Fairway Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOA County Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Leo</u> c. (Last) <u>Morrissey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 8, 1903</u>
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR <u>0</u> Months <u>20</u> Days IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Packing House</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>Frank Morrissey</u>		13b. MOTHER'S MAIDEN NAME <u>Annabelle Jones</u>	
13c. NAME OF HUSBAND OR WIFE <u>Elizabeth Morrissey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-07-0496</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Morrissey</u>		ADDRESS <u>Kirkwood</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>Angina Pectoris</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 yrs</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Aortic Insufficiency</u>		<u>18 yrs</u>	
DUE TO (c) <u>Lues.</u>		<u>?</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>023X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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? _____			
22. I hereby certify that I attended the deceased from <u>7/25</u> to <u>10 34</u> , to <u>2/28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/22</u> , 19 <u>53</u> , and that death occurred at <u>7 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Arthur E. Strauss M.D.</u>		23b. ADDRESS <u>539 N. Grand</u>	
23c. DATE SIGNED <u>3/2/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/3/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-2-53</u>		REGISTRAR'S SIGNATURE <u>Herkut R. Dambach</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u>		ADDRESS <u>Kirkwood, Mo.</u>	

Dr. Strauss 1:30
Dr. Strauss 1:30
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *William H. Fitzinger*

Licensed Embalmer No. *4316*

P. O. Address *Kirkwood 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.