No. 300
10.48

FILED MAY 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16452

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1150

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CLAYTON
c. LENGTH OF STAY (in this place) 6 DA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS Co HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Village of RIVERVIEW 40 10
d. STREET ADDRESS (If rural, give location) 9906 LILAC

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Morrow

4. DATE OF DEATH (Month) April (Day) 21 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 1873 Jan 7th
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (City and State or Foreign Country) Cleveland Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Morrow
13b. MOTHER'S MAIDEN NAME NOT KNOWN
14. NAME OF HUSBAND OR WIFE MAGGIE MORROW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Theodore Morrow ADDRESS 9906 Lilac

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

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. 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 002X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-17, 1953, *to* 4-21, 1953, *that I last saw the deceased alive on* 4-21, 1953, *and that death occurred at* 11:59 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Charles E. Nichols M.D.
23b. ADDRESS 601 S. Brentwood, Clayton 5, Mo
23c. DATE SIGNED 4-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 4/24/53
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. 4-22-53
REGISTRAR'S SIGNATURE Herbert R. Donike M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Frederick F. Home ADDRESS 8319 Hallsford

P.T. (Licensed Embalmer's Statement on Reverse Side)

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 John L Dennehy

Licensed Embalmer No. 4174

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.