

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH26722
State File No. 6120
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. <u>26722</u>		Registrar's No. <u>6120</u>					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>6 weeks</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>17 North Spring Avenue</u>				e. STREET ADDRESS (If rural, give location) <u>17 North Spring Ave</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY F. MORRIS</u>			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>July 6, 1887</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days		IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Freight Clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Leroy Morris</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Jones</u>				14. NAME OF HUSBAND OR WIFE <u>Ruth Morris Davis</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>				16. SOCIAL SECURITY NO. <u>490-12-7014</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Oscar J. Morris, Hannibal, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chronic myocarditis</u>										INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>4222</u>							
22. I hereby certify that I attended the deceased from <u>May 1st, 1953</u> , to <u>June 16, 1953</u> , that I last saw the deceased alive on <u>June 16, 1953</u> , and that death occurred at <u>11 P. M.</u> , from the causes and on the date stated above.													
23. SIGNATURE (In full or title) <u>Oliver P. Kane M.D.</u>						23b. ADDRESS <u>706 Walton</u>				23c. DATE SIGNED <u>6-18-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 19, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>JUN 19 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shepard Funeral Home, 1167 Hamilton Ave</u>							

(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.....
Signature of Student Embalmer

Signed

F. M. Murray

Licensed Embalmer No. 3749

P. O. Address

St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.