

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40922

State File No.

FILED NOV 25 1953

318

1003

Registrar's No. 10274

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
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>36 hours</u>		c. CITY OR TOWN <u>Ladue</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>				• STREET ADDRESS (If rural, give location) <u>917 South Warson Road</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>INFANT</u>			b. (Middle) <u>MORRILL</u>			c. (Last) _____	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>		8. DATE OF BIRTH <u>Oct. 27, 1953</u>	
9. AGE (In years; last birthday) <u>0</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
13a. FATHER'S NAME <u>Henry Leighton Morrill</u>			13b. MOTHER'S MAIDEN NAME <u>Irene Randolph</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Leighton Morrill</u> ADDRESS <u>917 S. Warson Road</u>			
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>							
ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>776X</u>			
22. I hereby certify that I attended the deceased from <u>10/27</u> , 19 <u>53</u> , to <u>10/28</u> 19 <u>53</u> , that I last saw the deceased alive on <u>10/28/53</u> , 19 <u>53</u> ; and that death occurred at <u>8:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. Koerner M.D.</u>				23b. ADDRESS <u>7803 Clayton Rd.</u>		23c. DATE SIGNED <u>10/29/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>entombment</u>		24b. DATE <u>10-29-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>	
DATE REC'D BY LOCAL REG. <u>OCT 29 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton & Sons-7233 Delmar Blv'd.</u>			

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

No 3:1005.

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

no embalming

Signed *Arnold W. Schoene*

Licensed Embalmer No. *386*

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.