

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **3105**
Registrar's No. **0374**

FILED FEB 2 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
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) 22 yrs		d. STREET ADDRESS (If rural, give location) 3951 West Bell	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		4. DATE OF DEATH (Month) (Day) (Year) 1-10-54	
3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) c. (Last) Morrow		5. SEX Male	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 10-12-1909		9. AGE (In years last birthday) 44	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) switchman		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Wubach La		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME unk		13b. MOTHER'S MAIDEN NAME Roda Morrow	
14. NAME OF HUSBAND OR WIFE Lillie Morrow		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. 489-145198		17. INFORMANT'S SIGNATURE OR NAME Sallie Ward	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Chronic Nephritis Hypertensive Heart Disease MI II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE 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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X	
22. I hereby certify that I attended the deceased from 1/10 , 1954, to 1/10 , 1954, that I last saw the deceased alive on 1/10 , 1954, and that death occurred at 9:40 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. T. Culbreth M.D.		23b. ADDRESS 26079 Franklin Ave	
23c. DATE SIGNED 1-11-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 1-15-54		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem	
24d. LOCATION (City, town, or county) (State) St. Louis Co Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Manuel L. Und. Co.	
DATE REC'D BY LOCAL REG. JAN 14 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
ADDRESS 4059 Finney		(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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldin

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.