

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10788

State File No. ....

No. 300  
10.48

FILED APR 7 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 702

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		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>LEMAX (23) Mo.</u>		c. CITY OR TOWN <u>LEMAX 4850</u>	
c. LENGTH OF STAY (in this place) <u>3 YEARS</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>614 ALLEN</u>		e. STREET ADDRESS (If rural, give location) <u>614 ALLEN</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILFROD</u>	b. (Middle) <u>(FRED)</u>	c. (Last) <u>JOSEPH MORRIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 17-1954</u>
-------------------------------------	---------------------------	---------------------------	--------------------------------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>OCT. 20, 1887</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
-----------------	---------------------------	---	---------------------------------------	---	---	--

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-MAIL</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NO PAC R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. PAUL MINN.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
--	--	--	---

13a. FATHER'S NAME <u>ALBERT MORRIS</u>	13b. MOTHER'S MAIDEN NAME <u>Mucille GERARD</u>	14. NAME OF HUSBAND OR WIFE <u>MARY MORRIS</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>702-146992</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS DONUS</u>	ADDRESS <u>614 ALLEN</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3-15-54</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS Rec.</u>		June 1944
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDIAL INFARCTION ANT.</u> DUE TO (c) <u>ARTERIOSCLEROSIS Generalized</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		June 1944	

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) _____ m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 1-22, 1948, to 3-18, 1954, that I last saw the deceased alive on 3-15, 1954, and that death occurred at 2 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>2838 S. Grand</u>	23c. DATE SIGNED <u>3/19/54</u>
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-20-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE Cem</u>	24d. LOCATION (City, town, or county) (State) <u>LEMAX MO.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3/19/54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>SOUTHERN FUNERAL HOME 6322 So. GRAND</u>
---	--	---

(Licensed Embalmers' Statement on Reverse Side)

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

MAY 21 1954

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 *David Van Tossa*

Licensed Embalmer No. *42*

P. O. Address *6322 S. 8th*

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.