

XC-16 207 635

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24994

State File No. ....

Reg. #305

ST. #3 FILED AUG 2 - 1954

6384

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>915 N. Grand, St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>102 days</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>				STREET ADDRESS (If rural, give location) <b>5 5717 VERNON</b>		<b>20590</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>VICTOR</b>		b. (Middle)		c. (Last) <b>MORRIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 12, 1954</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>8/12/98</b>	
9. AGE (In years last birthday) <b>55</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STAGE MECHANIC</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STAGE MECHANIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>THEATRICAL</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>VICTOR L. MORRIS</b>		13b. MOTHER'S MAIDEN NAME <b>LILLIAN OSTER</b>		14. NAME OF HUSBAND OR WIFE <b>FREIDA MORRIS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-1</b>		16. SOCIAL SECURITY NO. <b>492-05-6878</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSP. RECORD, ST. LOUIS, MO.</b>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BILATERAL PNEUMONIA</b>				<b>UNKNOWN</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <b>POST-OPERATIVE COMPLICATION FOLLOWING BILATERAL PREFRONTAL LOBOTOMY FOR AN</b>				<b>UNKNOWN</b>	
		DUE TO (c) <b>ANTERIOR CEREBRAL ARTERY ANEURYSM.</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <b>5-24-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Aneurysm between the anterior cerebral arteries</b>				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)		21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>452x</b>			
22. I hereby certify that I attended the deceased from <b>4/7</b> , 19 <b>54</b> , to <b>7/12</b> , 19 <b>54</b> , that death occurred <b>at 9:25 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. T. Kaminskas M.D.</b>				23b. ADDRESS <b>VAH, ST. LOUIS, MISSOURI</b>		23c. DATE SIGNED <b>7/13/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>July 15, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>III 14 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Shepard Funeral Home, 1167 Hamilton Ave</b>			

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

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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 *J. Wm. Binkley*.....  
Licensed Embalmer No. *36*  
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.