

10.300
10.48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY _____
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Pacific Hospital
e. STREET ADDRESS (If rural, give location) 4908 North 20th St. 2090

3. NAME OF DECEASED
a. (First) James: b. (Middle) F. c. (Last) Morrissey
(Type or Print) Francis James Morrissey
DATE OF DEATH July 22 1954

5. SEX M. 0 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 20, 1878 9. AGE (In years last birthday) 76

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gateman
10b. KIND OF BUSINESS OR INDUSTRY Union Station
11. BIRTHPLACE (City and State or Foreign Country) Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Morrissey
13b. MOTHER'S MAIDEN NAME Ella - unknown
14. NAME OF HUSBAND OR WIFE Mrs. Mary Morrissey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr James F. Morrissey Jr. 4904 N. 20th St.

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.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of the Oesophagus & Stomach
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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____ 150X

22. I hereby certify that I attended the deceased from 1943 to July, 1954, that I last saw the deceased alive on July 22, 1954 and that death occurred at 6:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____ 23b. ADDRESS _____ 23c. DATE SIGNED 7-22

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-26-1954 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. JUL 23 1954 REGISTRAR'S SIGNATURE _____ 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son Inc. 2161 E. Fair Ave.

(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 *Hugh G. Burnell*.....

Licensed Embalmer No. *1120*

P. O. Address *H. L. ...*

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.