

FILED NOV 1 - 1954

STANDARD CERTIFICATE OF DEATH

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State File No. 35751
Registrar's No. 9670

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2-WKS.		c. CITY OR TOWN St. Louis		d. Is 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 St. John's Hospital				e. STREET ADDRESS (If rural, give location) 10 3737 Palm Street 210%			
3. NAME OF DECEASED (Type or Print) William		a. (First)		b. (Middle) E.		c. (Last) Morrissey	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1954		5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	
8. DATE OF BIRTH June 19, 1874		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 4		IF UNDER 12 HRS. Hours 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Sheet Metal Worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis County		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Morrissey		13b. MOTHER'S MAIDEN NAME Sarah McDonald		14. NAME OF HUSBAND OR WIFE Mrs. Mary C. Morrissey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 488-05-1781		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary C. Morrissey, 3737 Palm Street			
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) <i>Bronchopneumonia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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. <i>Generalized arteriosclerosis</i>					
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>491X</i>			
22. I hereby certify that I attended the deceased from <i>Oct 17, 1954</i> to <i>Oct 24, 1954</i> , that I last saw the deceased alive on <i>Oct 24, 1954</i> , and that death occurred at <i>5:25 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>H. A. Suesener M.D.</i>				23b. ADDRESS <i>6000 W Flourissant</i>		23c. DATE SIGNED <i>10-25-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>Oct. 27, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>OCT 25 1954</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith md</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Arthur Donnelly</i>		ADDRESS <i>3840 Lindell B lvd.</i>	

OK

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 *Francis Williams*.....

Licensed Embalmer No. *35*
P. O. Address *3840*.....

**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.**