

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 12 1955

State File No. **14137**
Registrar's No. **947**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 947		
1. PLACE OF DEATH ST. LOUIS a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY ST. LOUIS				
b. CITY (If outside of rural township) CLAYTON		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN BEL RIDGE		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. Co. Hosp.				STREET ADDRESS (If rural, give location) 3512 CARSON RD #190				
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) W. c. (Last) Morris			4. DATE OF DEATH (Month) (Day) (Year) 4 22 55					
5. SEX M.		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 9-2-1867		
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 7 Days 20		IF UNDER 1 HRS. Hours 2 Min. 40				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN			10b. KIND OF BUSINESS OR INDUSTRY Boon shoe Co.		11. BIRTHPLACE (City and State or Foreign Country) CANADA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. Morris			13b. MOTHER'S MAIDEN NAME MARGARET FAGAN			14. NAME OF HUSBAND OR WIFE BIRDIE MORRIS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs Birdie Morris ADDRESS 3512 CARSON RD				
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) Branchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Lymphatic Leukemia DUE TO (c) Arteriosclerotic Cardiovascular Disease					INTERVAL BETWEEN ONSET AND DEATH 2 days 14 months 1 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) (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?				
22. I hereby certify that I attended the deceased from 4-20 , 19 55 , to 4-22 , 19 55 , that I last saw the deceased alive on 4-22 , 19 55 , and that death occurred at 3:00 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Richard H. King M.D.				23b. ADDRESS 601 S. Brentwood		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/25/55		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co.		
DATE REC'D BY LOCAL REG. 4/25/55		REGISTRAR'S SIGNATURE Richard H. King M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Debra... 1905 Union ADDRESS				

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

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 423

P. O. Address.....

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.