

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18483**

FILED JUN 16 1955

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>38</u>		
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>City</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ironton</u>		c. LENGTH OF STAY (In this place) <u>30 Min.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		<u>2019</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Marys Hosp Ironton</u>				d. STREET ADDRESS (If rural, give location) <u>921 Dover Pl. St Louis Mo.</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Erwin</u>		b. (Middle) <u>Unk</u>		c. (Last) <u>Morelli</u>		
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>10</u>		(Year) <u>55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12/28/1900</u>		
9. AGE (In years last birthday)		<u>54</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 12 HRS. Hours <u>  </u> Mins. <u>  </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Terminal Manager</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Powell Truck Lines</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Wausau Wisconsin</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Morelli</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Beyers</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Morelli</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-12-7847</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Morelli</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumothorax Rt Fracture of Ribs &amp; cervical spine</u> ANTECEDENT CAUSES <u>Auto Accident</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto Accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 hr -</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		(Specify) <u>Auto</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Madison Co. Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6:05 PM 1955</u>		21e. INJURY OCCURRED WHILE AT WORK? ( ) NOT WHILE AT WORK (X)		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>				
22. I hereby certify that I attended the deceased from <u>6-10-1955</u> to <u>6-10-1955</u> , that I last saw the deceased alive on <u>6-10-1955</u> , and that death occurred at <u>7:23 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>George P. Jones M.D.</u>				(Degree or title)		23b. ADDRESS <u>Ironton Mo.</u>		
23c. DATE SIGNED <u>6-10-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/13/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>		DATE REC'D BY LOCAL REG. <u>6-11-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>0</u>		
ADDRESS <u>128</u>		ADDRESS <u>Boideleden St. Louis Mo.</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

