

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19216

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 1049

1. PLACE OF DEATH 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 corporate limits, write RURAL and give OR TOWN Robertson)		c. CITY OR TOWN Robertson	
c. LENGTH OF STAY (in this place) 10 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rt. 2. Box 399		e. STREET ADDRESS (If rural, give location) Route 2 Box 399	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) ELWOOD		c. (Last) MORROW		4. DATE OF DEATH (Month) (Day) (Year) April 23rd 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 29th 1879	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Judge		10b. KIND OF BUSINESS OR INDUSTRY Law		11. BIRTHPLACE (City and State or Foreign Country) Woodsfield, Ohio	
11. BIRTHPLACE (City and State or Foreign Country) Woodsfield, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William J. Morrow		13b. MOTHER'S MAIDEN NAME Jennie Willis	
13a. FATHER'S NAME William J. Morrow		13b. MOTHER'S MAIDEN NAME Jennie Willis		13c. NAME OF HUSBAND OR WIFE Dorothy Morrow		14. NAME OF HUSBAND OR WIFE Dorothy Morrow	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes Spanish Amer.		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS MO. Dorothy Morrow Rt. 2 Box 399 Robertson	
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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) Unknown natural causes Angina		INTERVAL BETWEEN ONSET AND DEATH sub	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arteriosclerotic heart disease			
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 <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?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert R. Domke, M.D., Local Registrar		23b. ADDRESS 651 S. Brentwood Blvd.		23c. DATE SIGNED 4-27-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 25 1956		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 25 1956		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REG. 4-24-56		REGISTRAR'S SIGNATURE Herbert R. Domke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. H. Backlage 6536 Clayton Road.	
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(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 *John J. Haines*
Licensed Embalmer No. *440*
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.