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No. 900
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28878

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6551

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: 915 N.Grand,St.Louis,Mo.
c. LENGTH OF STAY (in this place): 16½ hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Veterans Administration Hosp.

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 [X] No [ ]
e. STREET ADDRESS (If rural, give location): 4923 Maffitt Place

6 2069

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): E.
c. (Last): MORRISON

4. DATE OF DEATH (Month) (Day) (Year): 7-10-56

5. SEX: MALE 2
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 3
8. DATE OF BIRTH: 3-30-94
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed Decorator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Webster Groves, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GRANT E. MORRISON
13b. MOTHER'S MAIDEN NAME: PARTHENIA WALLACE
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 499 18 3716
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA Hosp.Records,915 N.Grand,St.Louis, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease — Unknown
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: 420.0
20. AUTOPSY? YES [X] 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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-9-56 VA, *19*___, *to* 7-10-56, *19*___, *and that death occurred at* 11:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. ROTH (Degree or title) M.D
23b. ADDRESS: 915 N.Grand Blvd. VA Hosp. St.Louis, Mo.
23c. DATE SIGNED: 7-10-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-13-56
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson Barks Mo.

DATE REC'D BY LOCAL REG.: JUL 13 1956
REGISTRAR'S SIGNATURE: Clyde G. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Lewis Funeral Home 22 Euclid Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

Cleared through Coroner's Office by Dr. Robert Denton 7/10/56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James A. Carter

Licensed Embalmer No. 4 4d

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.