

FILED MAR 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6488

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1412

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN LEMAY 4840	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL		d. STREET ADDRESS 4802 OAK BRIAR	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First W. Middle AUSTIN Last MORELOCK		Month FEBRUARY Day 11 Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH OCTOBER 26, 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR		10b. KIND OF BUSINESS OR INDUSTRY HARDER CONST. CO.	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI
13. FATHER'S NAME HENRY MORELOCK		14. MOTHER'S MAIDEN NAME HELEN GANSNER MORELOCK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NONE		17. INFORMANT HELEN MORELOCK, 4802 OAK BRIAR, LEMAY, MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH several weeks several years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Heart disease			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cardio infarct 6-56			420.1
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from 6-12-56 to 2-11-57 and last saw her alive on 1-28-57 Death occurred at 4:27 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. W. Sevelius M.D.		22b. ADDRESS 752 Leeway Ferry Rd	22c. DATE SIGNED 2-12-57
23a. BURIAL-CREATION. REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
REMOVAL	FEB. 14, 1957	OAK DALE CEMETERY	LEMAY, MISSOURI
24. FUNERAL DIRECTOR C. HOFFMEISTER MORTUARIES 7814 SO. BROADWAY ST. LOUIS, MO.		25. DATE RECD. BY LOCAL REG. FEB 13 '57	26. REGISTRAR'S SIGNATURE Paul Smith MD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be inscribed. At diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

300
-56h.
y.
b.
r.
e.

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 *LeRoy C. Hoffmann*

Licensed Embalmer No. 38

P. O. Address 7814 S. B.

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.