

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1957

FILED MAY 24 1957

State File No. ....

BIRTH NO. 34802-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4419

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Birth # 999

Note! → PLEASE Do Not Fublish

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>41790 4166 McRee</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Michael</u> c. (Last) <u>Morris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 25 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>No</u>	8. DATE OF BIRTH <u>Apr. 25- 1957</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins <u>15</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Eugene Morris</u>		13b. MOTHER'S MAIDEN NAME <u>LaVerne D. Pennington</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Robert E. Morris, 4166 McRee</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia Neonatorum</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Asptaxiu - fetal wgt. 10lbs 6oz</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>761.0</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>	
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) m.	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 <u>2:15 AM April 25 1957</u> , to <u>2:28 AM April 25 1957</u> , that I last saw the deceased alive on <u>April 25, 1957</u> , and that death occurred at <u>2:38 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>William J. Morris MD</u>		23b. ADDRESS <u>8230 Douglas</u>	23c. DATE SIGNED <u>May 4, 1957</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-31-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>MAY 9 '57</u>	REGISTRAR'S SIGNATURE <u>Charles Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howland - Aker 404 Manchester</u>	

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**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.....

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.