

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1957

State File No. **33905**
8693
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony		e. STREET ADDRESS (If rural, give location) 5043 Nottingham	
3. NAME OF DECEASED (Type or Print) a. (First) Bert b. (Middle) Wm. c. (Last) Morley		4. DATE OF DEATH (Month) (Day) (Year) Sept 15 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 9-15-57
9. AGE (In years last birthday) 50		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Morley		13b. MOTHER'S MAIDEN NAME Maud Parks	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Morley 5043 Nottingham 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Large diaphragmatic hernia - marked ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) displacement of abdominal viscera into DUE TO (c) Chest X-ray fulmonary atelectasis - r II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fatal angina	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 759.2 -5604	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) (Min.)		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 9/15 , 19 57 , to 9/15 , 19 57 , that I last saw the deceased alive on 9/15 , 19 57 , and that death occurred at 2:50 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) In Spickard M.D.		23b. ADDRESS 384 Wilkinson Ave	23c. DATE SIGNED 9/17/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-17-57	24c. NAME OF CEMETERY OR CREMATORY Gumbo Cemetery	24d. LOCATION (City, town, or county) (State) Gumbo Mo.
DATE REC'D BY LOCAL REG. SEP 17 57	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home Ballwin, Mo.	

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.....
Not Embalmed
Harold Schaefer
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.