

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007530  
STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1708

300  
1-57

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, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOMER PHILLIPS</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>217 1/2 3016 Bell Ave.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALICE McMORRIS</u>		4. DATE OF DEATH Month Day Year <u>FEB 10 1958</u>	
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 28 1903</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) <u>54</u> IF UNDER 1 YEAR Months Days <u>8 12</u> IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES McMORRIS</u>		13b. MOTHER'S MAIDEN NAME <u>LAURA RODGERS</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 dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>LAURA RODGERS 3016 BELL</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>2nd and 3rd degree burns of 95% of body.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) <u>E916.016</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <u>Ignited when dress was lighter fluid ignited by stove in home</u>		
20c. TIME OF INJURY Hour Month, Day, Year <u>9:29 a.m. Feb 9th 1958</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		
20e. CITY, TOWN, OR LOCATION <u>St. Louis Mo</u>	20f. COUNTY <u>DE</u>		STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>1225 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joseph M. Zwick</u>		22b. ADDRESS <u>300 Clark</u>	
22c. DATE SIGNED <u>2/13/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-14 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON-PARK</u>	23d. LOCATION (City, town, or county) (Specify) <u>ST. LOUIS COUNTY MO</u>
24. FUNERAL DIRECTOR <u>TRESSELLA DENT 3404 DELMAR</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 13 '58</u>	26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> M. J. B.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 U. Gunnis* .....

Licensed Embalmer No. *4523* .....  
P. O. Address *4251 Washing* .....

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.