

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008079  
STATE FILE NUMBER

FILED MAR 12 1958

Registration District No. 312 Primary Registration District No. 541 Registrar's No. 563

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Clayton</b> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Hillsdale</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>4166</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>County Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>2152 Erick Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>M.</b> Last <b>Morrison</b>		4. DATE OF DEATH Month <b>2</b> Day <b>21</b> Year <b>1958</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-27-1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>maintenance</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>factory</b>	9. AGE (In years last birthday) <b>82</b> FUNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) <b>Ireland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>deceased</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes Span-Am. war</b>	
16. SOCIAL SECURITY NO. <b>497-18-9583</b>		17. INFORMANT Address <b>August F. Fiedler, 2152 Erick Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Extensive third degree burns and bilateral lumbar pneumonia</b> DUE TO (b) <b>lumbar pneumonia</b> DUE TO (c) <b>E9160</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>16</b>			19. INTERVAL BETWEEN ONSET AND DEATH 20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <b>Burns suffered when he accidentally caught on fire while throwing waste paper into a furnace at his home</b>	
20c. TIME OF INJURY Hour <b>7:30</b> Month <b>2</b> Day <b>18</b> Year <b>58</b> a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <b>basement of home</b>	
20e. CITY, TOWN, OR LOCATION <b>Hillsdale, St. Louis Co., Missouri</b>		20f. COUNTY <b>St. Louis Co.</b> STATE <b>Missouri</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Raymond J. Harris</b> (Degree) (title) <b>Coroner</b>		22b. ADDRESS <b>Clayton, Mo.</b>	
22c. DATE SIGNED <b>2-25-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
23b. DATE <b>2-24-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Zion Cem.</b>	
23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		24. FUNERAL DIRECTOR ADDRESS <b>J. W. Clark, F.H., 1125 Hodiamont Ave., 2-24-58</b>	
25. DATE RECD. BY LOCAL REG. <b>2-24-58</b>		26. REGISTRAR'S SIGNATURE <b>Herbert B. Dombke MD</b>	

All diseases in Part I must be causally related.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.  
 MEDICAL CERTIFICATION

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 *Alfred J. Baedeker* .....

Licensed Embalmer No. *2667* .....

P. O. Address *1125 Hudson* .....

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.