

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016212  
State File No.

FILED APR 18 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3741**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6033 Sartines Av.</b>		e. STREET ADDRESS (If rural, give location) <b>6033 Sartines Av.</b>	
3. NAME OF DECEASED a. (First) <b>James</b> b. (Middle) <b>0</b> c. (Last) <b>Morris</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 2 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 22 1870</b>
9. AGE (In years last birthday) <b>87</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>merchant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Osage County Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Alexander Morris</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Miller</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Morris</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mary Morris, 6033 Sartines Av.</b>	
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) <b>Chronic brain syndrome</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis - generalized</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>450.0</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <b>2</b> 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 <b>8/7/57</b> , 19 <b>57</b> , to <b>4/21</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>3-13</b> , 19 <b>58</b> and that death occurred at <b>11:50 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. L. Koch</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>634 N. Grand Blvd.</b>	
23c. DATE SIGNED <b>4/3/58</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Memorial Park April 5, 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lucas &amp; Wood Rd Mo.</b>	
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Carl Smith No. 100 Bull-Campbell Station 5165</b>		
DATE REC'D BY LOCAL <b>APR 3 58</b>	REGISTRAR'S SIGNATURE <b>m 83</b>	(Licensed Embalmer's Statement on Reverse Side)	

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

*delmonde*

Dr. Booth  
No. 13000  
P. O. Adg.

**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 *J. W. Bentley*.....  
Licensed Embalmer No. *3653*  
P. O. Address *J. Lewis*.....

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.

See

*OK*