

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State No. **58-023571**

FILED JUN 30 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5926**

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		a. STATE Missouri b. COUNTY St. Louis	
c. LENGTH OF STAY (In this place) 3 days		c. CITY OR TOWN Kirkwood 4713	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		431 S. Geyer Road.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Edward	b. (Middle) E	c. (Last) Morisseau	June 7, 1958		
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married <input type="radio"/>	8. DATE OF BIRTH Oct. 6, 1881		
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 8 Days 1		IF UNDER 24 HRS. Hours 1 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Cahokia, Ill.	
12. CITIZEN OF WHAT COUNTRY? USA		14. NAME OF HUSBAND OR WIFE Single			

13a. FATHER'S NAME Louis V. Morisseau		13b. MOTHER'S MAIDEN NAME Angele Finot		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Louis J. Morisseau	
				ADDRESS 6218 Columbia St. St. Louis	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastrointestinal hemorrhage		DUE TO (b) Generalized carcinomatosis		3 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Adenocarcinoma of stomach		5 yr.	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				6 yr.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151x		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)		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 **July 19 53**, to **June 7 58**, that I last saw the deceased alive on **6-6-58**, and that death occurred at **8 A** m., from the causes and on the date stated above.

23a. SIGNATURE Louis C. Wyatt (Degree or title) M. D. O.		23b. ADDRESS 134 W. Adams		23c. DATE SIGNED 6-9-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/9/58		24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					

DATE REC'D BY LOCAL REG. JUN 9 '58		REGISTRAR'S SIGNATURE Carol Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Hoop, Inc.	
				ADDRESS Kirkwood, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Francis J. McLaughlin*.....
Licensed Embalmer No. 4512

P. O. Address *Richmond, Va.*

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.