

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027262
STATE FILE NUMBER

FILED JUL 18 1958 Registration District No. 318 Primary Registration District 1003 Registrar's 6578

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis, Mo.		c. CITY OR TOWN Bissell Hills 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital, Deo.A.		d. STREET ADDRESS 1207 Esquire Dr.	

3. NAME OF DECEASED (Type or print) First Middle Last Richard J. Morrissey			4. DATE OF DEATH Month Day Year 7 3 1958			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 3-10-1898	9. AGE (In years last birthday) 60		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station		10b. KIND OF BUSINESS OR INDUSTRY Owner	11. BIRTHPLACE (City and state or country) St Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Michael Morrissey			14. MOTHER'S MAIDEN NAME Mary Keena Wife Elsie Kennett			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. II		16. SOCIAL SECURITY NO.	17. INFORMANT Elsie Kennett Morrissey, Address 1207 Esquire, Dr.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 9 years
DUE TO (b) Arteriosclerosis Heart Disease		
DUE TO (c) Pulmonary congestion, Premature atherosclerosis		

20a. ACCIDENT <input 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.) 420.0	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 5-28-1950 to 4-7-58 and last saw him alive on 4-7-58 Death occurred at 4:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) John V Lawrence MD	22b. ADDRESS 3720 Washington Ave St L (St) Mo
22c. DATE SIGNED 7-3-58	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-5-1958	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) (State) St Louis, Mo.
24. FUNERAL DIRECTOR E. J. Schnur, 3125 Lafayette.		25. DATE RECD. BY LOCAL REG. JUL 3 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith MD M.B.

Health, Welfare Public Service

300 1-56

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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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Thomas R. Jenrick*.....

Licensed Embalmer No. *379*.....

P. O. Address *3125 Lafayette*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.