Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042009
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11216

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN St.Louis,Mo — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2214a.Franklin Ave — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2214 a.Franklin Ave — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Ferdinand Middle D. Last Morrison

4. DATE OF DEATH: Month 11 Day 19 Year 1958

5. SEX: Male 2

6. COLOR OR RACE: Negro

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: February 7,1882

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plaster-Paperhanger

10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (City and state or country): Webster Grove,Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: George Morrison

13b. MOTHER'S MAIDEN NAME: Nancy Gretts

14. NAME OF HUSBAND OR WIFE: Maude Morrison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 720-20-4271

17. INFORMANT: Maude Morrison Address: 510 N.Elm St,Webster Grove Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) 420.0

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 148 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph Dr Lemm (Degree or title) Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 11/21/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11/22/58

23c. NAME OF CEMETERY OR CREMATORY: Father Dickson Cemetery

23d. LOCATION (City, town, or county) (State): Crestwood,Missouri

24. FUNERAL DIRECTOR: Lewis Fun.Home ADDRESS: 22 Euclid Ave,Webster Grove,Mo

25. DATE RECD. BY LOCAL REG.: NOV 21 58

26. REGISTRAR'S SIGNATURE: R Earl Smith MD M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 James A. Carter

Licensed Embalmer No. 4680

P. O. Address [illegible]

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.