

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046808

STATE FILE NUMBER

FILED JAN 6 1959

Registration District No. 317 Primary Registration District No. 600

Registrar's No. 3392

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Normandy</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>WELLSTON 4301</u> <u>St. Louis 600</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Normandy Osteopathic 5 days</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>6311 E 119</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Henry Morris</u>			4. DATE OF DEATH Month Day Year <u>12-24-58</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-7-80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>streetcar operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service</u>	11. BIRTHPLACE (City and state or country) <u>Hillsboro, Mo.</u>
13a. FATHER'S NAME <u>?</u>		13b. MOTHER'S MAIDEN NAME <u>?</u>	14. NAME OF HUSBAND OR WIFE <u>Julia (Deceased)</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>W C Morris 6311 E 119 ave</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MEDULLARY FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebro-vascular accident</u>			<u>1 hr</u>
DUE TO (c) <u>Arterio-sclerosis</u>			<u>10 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture right hip, advanced senility</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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.) <u>Patient fell down stairs in his home</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>2 a.m. 12 19 58</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20e. CITY, TOWN, OR LOCATION <u>St. Louis 14</u>		COUNTY <u>St. Louis</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>12-19-58</u> to <u>12-24-58</u> and last saw <u>him</u> alive on <u>12-23-58</u> Death occurred at <u>2:30</u> <u>AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. T. Schubert</u> (Degree or title) <u>DO</u>		22b. ADDRESS <u>2 917 Airport Rd St. Louis 21</u>	
22c. DATE SIGNED <u>12-24-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>DEC 27-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HILLSBORO CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>HILLSBORO MO</u>
24. FUNERAL DIRECTOR <u>HEILIGTAG FUNERAL HOME IMPERIAL MO</u>		ADDRESS <u>12-26-58</u>	25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE <u>Schubert, W. T. Schubert</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Arthur W. Heiligton*

Licensed Embalmer No. *3872*

P. O. Address *Imperial Mo*

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.