RI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960 317

-60-029116
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 547 Registrar's No. 2094

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Heights — Length of stay in 1b: 10 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Marys Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Overland — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 9417-Trenton Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First George, Middle Washington, Last Morrow
4. DATE OF DEATH: Month July, Day 12, Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 4-2-1895
9. AGE (last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbers helper
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (City and state or country): Danville, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Robert Morrow
13b. MOTHER'S MAIDEN NAME: Nannie Dawes
14. NAME OF HUSBAND OR WIFE: Elsie Morrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-07-3929
17. INFORMANT: Elsie Morrow Address: 9417-Trenton Ave.

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): Cerebral (Intra-pontine) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 11 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis — Unknown
DUE TO (c):

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

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
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 9-15-55 to 7-12-60 and last saw him alive on 12:45 pm
Death occurred at 5:10 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank J. Mangimaro (Degree or title) MD
22b. ADDRESS: 1617 S. Brentwood
22c. DATE SIGNED: 7-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-16-1960
23c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
23d. LOCATION (City, town, or county) (State): Danville, Ill. via Motor

24. FUNERAL DIRECTOR: Blumann Bros Inc. ADDRESS: 2504-Woodson Rd-Overland-14-Mo.
25. DATE REC'D. BY LOCAL REG.: JUL 13 1960
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Parland

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