ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-027145
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7059

FILED AUG 8 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b: 2-yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4525 Lindell Blvd.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4525 Lindell Blvd.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Fred Middle B. Last Morris
4. DATE OF DEATH: Month July Day 28th. Year 1961
5. SEX: M.
6. COLOR OR RACE: W.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/4/1895
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): Rep. Fraudler & Permutit
10b. KIND OF BUSINESS OR INDUSTRY: Co.
11. BIRTHPLACE (City and state or country): Wilkensburg,Pa.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: David Morris
13b. MOTHER'S MAIDEN NAME: Annie Burgayne
14. NAME OF HUSBAND OR WIFE: Mrs.Julie Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs.Jullie Hannigan Morris, Address 4525 Lindell

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): Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 16 mo
DUE TO (c): 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ 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 March 1960 to 7/28/61 and last saw ~~her~~ him alive on 7-21-61
Death occurred at 7:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Daniel L. Dalton M.D.
22b. ADDRESS: 634 N. Grand Ave
22c. DATE SIGNED: 7/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/31/1961
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis, Missouri
24. FUNERAL DIRECTOR: Arthur J. Donnelly
ADDRESS: 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG.: JUL 30 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 Williamso

Licensed Embalmer No. 3565

P. O. Address 3840 Linde

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.