MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-020776

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4817

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
1		
2	20	
3	7	
4	2	
5	1	
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7	2	
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12	52-0	
13		
	52	

DATE AMENDED 7 2

BY AFFIDAVIT OF DOCUMENT

FILED MAY 23 1962

1. PLACE OF DEATH a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY

c. CITY OR TOWN: St.Louis — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 4855 Kossuth Ave — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CARL Middle EDWARD Last MORRIS

4. DATE OF DEATH Month MAY Day 10 Year 1962

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-9-1883

9. AGE (last birthday): 78

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): Messenger (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Manchester Bank

11. BIRTHPLACE (City and state or country): Hamilton Ontario, Canada

12. CITIZEN OF WHAT COUNTRY: Canada

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Tillie Morris

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

16. SOCIAL SECURITY NO.:

17. INFORMANT: Tillie Morris Address: 4855 Kossuth Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) SEVERE CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 2 WEEKS

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

DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — SEVERAL YRS.

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)

DIABETIC NEPHROPATHY SECONDARY TO DIABETES MELLITUS

PARTIAL RIGHT PNEUMOTHORAX

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 FEB. 4, 1959, to MAY 10, 1962 and last saw her/him alive on MAY 10, 1962

Death occurred at 7:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. D. Vermillion, M.D. (Degree or title) M. D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 5/11/62

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

23b. DATE: 5/14/62

23c. NAME OF CEMETERY OR CREMATORY: Washington Park Cemetery

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

24. FUNERAL DIRECTOR ADDRESS: C.W.Roberts Und.Co 1416 N.Taylor Ave.

25. DATE RECD. BY LOCAL REG.: MAY 11 1962

26. REGISTRAR'S SIGNATURE: Hard 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_____ Signed M. Claude Gordon

Signature of Student Embalmer

Licensed Embalmer No. 3489

P. O. Address St Louis 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.