

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4778

Do not use this space.

1. PLACE OF DEATH.

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **5036 Thrush** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1423**2. PRINT FULL NAME **Jackson Morris** **620**

(a) Residence, No. **5036 Thrush Ave.** St. **7**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Morris**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MARCH 30-1862**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 10 7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Saw Filer**
9. Industry or business in which work was done, as saw mill, bank, etc. **Maloney Electric Co.**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **John Morris**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown Hubble**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mary E. Morris**
(ADDRESS) **5036 Thrush**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Des Arc, Mo.** DATE **2/9/38**

19. FUNERAL DIRECTOR **Edith E. Ambruster**
(ADDRESS) **4234 Manchester**

20. FILED **FEB 8 1938** *J. P. Bredner*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/7/38** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 1** 19**38** to **Feb 7** 19**38**
I last saw him alive on **Feb 6** 19**38** Death is said to have occurred on the date stated above, at **1.30 A. M.**
The principal cause of death and related causes of importance were as follows:

General Hypertension Date of onset **Don't know**
Coronary Sclerosis **Don't know**

Other contributory causes of importance: **Coronary Sclerosis** **Don't know**

Name of operation **none** Date of

What test confirmed diagnosis **Clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **Richard P. Morgan**, M. D.

(Address) **5330 Geraldine Ave**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck....., Licensed Embalmer No. 1284

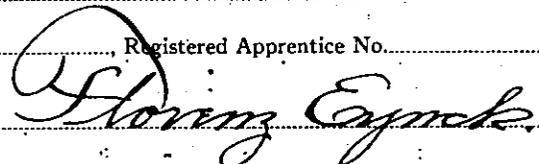
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

 L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No.

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.)