

SEP 13 1938 OCT 6 1938

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

33251  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township Clayton Primary Registration District No. 101  
 (c) City Clayton (d) Street No. St. Louis County Hospital Registered No. 1498  
 (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.

2. PRINT FULL NAME Morris, Baby  
 (a) Residence, No. Booker & Etzel, S. Kinloch, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/23/38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4 hrs. 13 min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Mo.

FATHER  
 13. NAME Warren Morris  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER  
 15. MAIDEN NAME Allen, Willie  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) Mother, Willie Allen Morris

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Crematory 9/14/38

19. FUNERAL DIRECTOR (ADDRESS) St. Louis Co. Hospital Clayton, Mo.

20. FILED SEP 13 1938 D. C. Meyer, M.D., Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/23/38

22. I HEREBY CERTIFY, That I attended deceased from 8/23/38, 1938, to 8/23/38, 1938.  
 I last saw him alive on 8/23/38, 1938. Death is said to have occurred on the date stated above, at 3:40 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Congenital Atelelectasis  
Pneumonia  
 Other contributory causes of importance:  
6/23/38

Name of operation ✓ Date of 6/23/38  
 What test confirmed diagnosis? ✓ 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 6/23/38, 1938  
 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 George W. Sordance, M. D.  
 (Signed) George W. Sordance, M. D.  
 (Address) St. Louis Co. Hosp

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

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

..... 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.)**