No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27288

Registration District No. 791 AUG SEP 25 1940

Primary Registration District No. 1003

Registrar's No. 7184

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days (Specify whether
In this community 1½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State O Missouri (b) County

(c) City or town St Louis //
(If outside city or town limits, write "RURAL")

(d) Street No. 4220 a Fairfax
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jessie Morrow 640

3. (b) If veteran, name war

3. (c) Social Security No. Unavailable

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Bernice Humphry

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased February 11, 1904
(Month) (Day) (Year)

8. AGE: Years 36 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace Summerville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Day work

FATHER
12. Name William Morrow
13. Birthplace Summerville Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Herron
15. Birthplace Whiteville, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Brooks
(b) Address 3937a Rear Finney Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas J. Gates
(b) Address 4107 Finney Avenue

19. (a) AUG 26 1940 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1940 hour 5 minute 35 A. M.

21. I hereby certify that I attended the deceased from July 25, 1940, to August 16, 1940;
that I last saw him alive on August 16, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	6-7mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy Pulmonary Tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Edell W. Lutosh (M. D. or other)
Address 2601 N Whittier Date signed 8/17/40

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. _____ working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.