

No. 2  
-13-40  
17-39  
X 23159

FILED FEB 14 1941

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH: St. Louis County  
 (a) County St. Louis County  
 (b) City or town Jefferson Barracks  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Veterans Administration Facility  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Admitted 1/6/41.  
 (Specify whether  
 In this community unknown.  
 years, months or days)

3. (a) PRINT FULL NAME Frank H. Morris  
 3. (b) If veteran, name war Spanish-Amer.  
 3. (c) Social Security No. None

4. Sex Male  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Jessie  
 6. (c) Age of husband or wife if alive - years  
 7. Birth date of deceased April 9, 1879  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 61 8 28 hr. min.

9. Birthplace Sullivan, Indiana.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

12. Name (first name anawil.) Morris  
 13. Birthplace West Virginia.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name (unavailable)  
 15. Birthplace Ireland. 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant M. Schellig  
 (b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof Jan 10 - 41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director  
 (b) Address 1225 Union St

19. (a) JAN 8 - 1941 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 000  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4711 Beacon Avenue.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th.  
 year 1941 hour 3:54 minute 8. M.

21. I hereby certify that I attended the deceased from January 6, 1941, to January 7, 1941;  
 that I last saw him alive on January 7, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
 Nephritis, chronic, with edema and uremia  
 Due to and  
 Coronary arteriosclerotic and  
 Due to hypertensive heart disease, myocardial damage and myocardial insufficiency.  
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations - 131A  
 Of autopsy Autopsy performed. (See cause of death).  
 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) no  
 (b) Date of occurrence  
 (c) Where did injury occur? (City or town) (County) (State)  
 Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? CUN (Specify type of place) (e) Means of injury

23. Signature C. W. HUGHES, M.D., (M. D. or other)  
 Address Chief Medical Officer. Date signed 1/7/41

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

MOTHER FATHER

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2000

2000

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Bernard H. J. Stuart*  
Licensed Embalmer No. *3500*  
P. O. Address *1225 Union, Blvd*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**  
**If this body is not embalmed, fact should be so stated above.**