S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26646

FILED SEP 17 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6438

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

1. PLACE OF DEATH: St. Louis, Mo.

(a) County

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

(c) Name of hospital or institution City Sanitarium 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 21 days. (Specify whether years, months or days)

In this community 4 years

2. USUAL RESIDENCE OF DECEASED: Missouri

(a) State (b) County St. Louis

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

(d) Street No. 3935 Westminster Pl. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME JOHN MORRIS SC-329-10-4126

3. (b) If veteran, name war No

3. (c) Social Security No. ~~Unknown~~

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Dorothy Morris

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Feb. 7, 1880 (Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 29 If less than one day hr. min.

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

10. Usual occupation Foreman

11. Industry or business Aluminum Ore Co.

FATHER 12. Name George Morris

13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Jerry Lee Lewis

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Morris

(b) Address 3935 Westminster Pl.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/7/41 (Month) (Day) (Year)

(c) Place: burial or cremation Dresden, Tenn.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG -6 1941 (Date received local registrar) (b) J. E. Sredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1941 hour 8:10 p.m. minute M.

21. I hereby certify that I attended the deceased from 6-16-41, 19, to 8-5-41, 19; that I last saw him alive on 8-5-41, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease (onset 6-16-41x)	
Due to: Encephalomalacia 6-16-41x	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes.	

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 J. R. Lidelman M.D. (M. D. or other)

Address City Sanitarium Date signed

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....3653

P. O. Address.....St. Louis Mo.....

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.