S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12905

Registrar's No. 3512

Registration District No. 7917 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: ST LOUIS CITY

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

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

(d) Length of stay: In hospital or institution 13 DAYS (Specify whether years, months or days)

In this community 50 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

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

(d) Street No. 350 SIDNEY AVE (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME KARL LEROY MORLEY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LIZZIE MORLEY

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

7. Birth date of deceased NOVEMBER 10 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	5	7	— hr. — min.

9. Birthplace SALESBURY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation BUTCHER

11. Industry or business —

FATHER

12. Name LEROY MORLEY

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

MOTHER

14. Maiden name ADA DOBBINS

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

16. (a) Informant Ada Amli

(b) Address 350 SIDNEY AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 20 1942 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker Ind Co

(b) Address WEBSTER GROVES MO.

19. (a) APR 20 1942 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1942 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from November 1941 to April 17 1942 that I last saw him alive on April 16 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the Oesophagus	9 mo
Due to:	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings: Of operations Obstruction of oesophagus in upper 3rd.

Of autopsy

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 0

23. Signature James L Mudd (M. D. or other)

Address 634 N Euclid Date signed 4/18/42

(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.....C C Aldrich.....

Licensed Embalmer No.....1332.....

P. O. Address.....Webster Groves Mo

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.)

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