

No. 2  
-5-43  
-17-39  
X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44070  
Registrar's No. 333

FILED FEB 14 1944  
Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution:  
9956 Valley Dr. Riverview Gardens  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community None  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 9956 Valley Drive  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME Raymond Morrow #3

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased January 17, 1939  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th.  
year 1944 hour 3:00 AM minute None M.

21. I hereby certify that I attended the deceased from 2/6/44  
to 2/7/44, 1944

that I last saw him alive on 2/7/44  
and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of heart

8. AGE:	Years	Months	Days	If less than one day
	<u>5</u>	<u>0</u>	<u>21</u>	hr. <u>None</u> min. <u>None</u>

Due to labor pneumonia 5 days  
breast 1 day  
cerebral embolism

Other conditions None  
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

Major findings:  
Of operations None

Of autopsy 35

PHYSICIAN None

Underline the cause to which death should be charged statistically.

11. Industry or business None

MOTHER FATHER { 12. Name Raymond Morrow

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Wagner

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Raymond Morrow

(b) Address 9956 Valley Dr. R.G.

17. (a) Burial (b) Date thereof 2/10/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury None

23. Signature W. J. ... (M. D. or other)  
Address 8201 ... Date signed 2/7/44

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave.

19. (a) FEB 9 - 1944 (b) E. L. Mc Garen, M.D.  
(Data received local registrar) (Registrar's signature)

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed

*Gustav W. Reuter*

Licensed Embalmer No. *4329*

P. O. Address. *St. Louis, 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.**