

FILED SEP 18 1946

Primary Registration District No. 1003

Registrar's No. 75097

Registration District No. _____

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:
JOSEPHINE HEITKAMP HOSP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. LOUIS

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

(d) Street No. Josephine Heitkamp Hosp
Highway 66 (If rural, give locality) Jaylor

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

If yes, name country _____

3. (a) PRINT FULL NAME BABY MORRISON

3. (b) If veteran, name was NONE

3. (c) Social Security No. SINGLE

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased SEPT 4 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 4
year 1946 hour 4 minute 29 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____,

and that death occurred on the date and hour stated above.

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

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

10. Usual occupation N.L.

Immediate cause of death Premature infant
7 mo pregnancy
wt 2 1/2 lbs

Due to Placenta Praevia in situ

Due to maternal severe hemorrhage

Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name John MORRISON

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

14. Maiden name MARY A. DAVEN

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

16. (a) Informant John Morrison

(b) Address Hiway 66 Taylor Florissant

17. (a) BURIAL (b) Date thereof 9/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Lebanon Cemetery

18. (a) Signature of funeral director Rayman Brothers

(b) Address 7504 N. Dodson Overland

19. (a) SEP 6 1946 (b) _____
(Date received local registrar) (Registrar's signature)

Major findings: 154

Of operations _____

Of autopsy _____

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? _____

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

23. Signature John P. [unclear] (M. D. or other) MD

Address 1015 to 39th Date signed 9-5-46

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

0
17
9

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 Oscar F. Miller

Licensed Embalmer No. 3039

P. O. Address Overland 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.