S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1947
#67203

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2910

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 173

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5723 Winona Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH F. MORRISON

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 493-07-3049

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emily

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

7. Birth date of deceased September (Month) 12, (Day) 1889 (Year)

8. AGE: Years 57 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation Engineer

11. Industry or business City of St. Louis

FATHER
12. Name John Morrison
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Mary Woods
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Arthur R. Morrison
(b) Address 5717 Devonshire, St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, '47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Hacker-Helderle H. & R. Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) JAN 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th year 1947 hour 8:25 minute P M.

21. I hereby certify that I attended the deceased from 1/16/47, 19..., to 1/20/47, 19...; that I last saw him alive on 1/20/47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Pulmonary Tuberculosis for advanced	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature Warren C. Lewis M.D. 6515 Lafayette 1/22/47 (M.D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1947

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 Robert C Wheeler

Licensed Embalmer No. 2128

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.