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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19172

Registrar's No. 4756

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

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

In this community 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4051 Lafayette (If rural, give location) 9

(e) Citizen of foreign country? 17 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Adelard or Edward J. Morris

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Clara

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

7. Birth date of deceased February (Month) 23 (Day) 1884 (Year)

8. AGE: Years 63 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Detroit, Michigan (City, town, or county) 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Albert Morris
13. Birthplace (City, town, or county) Canada 2 (State or foreign country)

MOTHER
14. Maiden name Lucy Girard
15. Birthplace (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant Blanche Leeper

(b) Address 4051 Lafayette

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-47 (Month) (Day) (Year) 12

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director John L. Ziegenhein&Sons

(b) Address 7027 Gravois Ave.

19. (a) MAY 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1947 hour 11 minute 40 a.m.

21. I hereby certify that I attended the deceased from 2, 19, to, 19; that I last saw [illegible] alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Laceration of front fracture of ribs when he was caught between a bar and left elevator and the ground floor while working at the William Hunt Crusher Co. 813 Montgomery street Arsenal

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 11:30 a.m. May 9 1947

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) Accident

(b) Date of occurrence May 9 1947

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Work (Specify type of place)

While at work? (e) Means of injury Co

23. Signature [illegible] (M. D. or other) 3

Address [illegible] Date signed 5/12/47

(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. Frank J. Owens

Licensed Embalmer No. 2245

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.