U. S. No. 2
10M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29795

FILED AUG 26 1947

Registration District No. ____ Primary Registration District No. 3069 Registrar's No. 1729

96
8
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1. PLACE OF DEATH:
(a) County Richmond Ht
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 060
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5326 St. Louis Ave. 9
(If rural, give location) 1
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Patrick J. Morris
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth M. Morris
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March (Month) 12th. (Day) 1880 (Year)

8. AGE: Years 67 Months 4 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace Ireland (City, town, or county) (State or foreign country) 1
10. Usual occupation Retired Police Officer
11. Industry or business ____
MOTHER FATHER
12. Name John Morris 4
13. Birthplace Ireland (City, town, or county) (State or foreign country) 1
14. Maiden name Catherine Kilroy
15. Birthplace Ireland (City, town, or county) (State or foreign country) 1
16. (a) Informant Elizabeth M. Morris
(b) Address 5326 St. Louis Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.
19. (a) 8-13-47 (Date received local registrar) (b) Cecil A. Shaffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th. year 1947 hour 2.00 minute A.M.
21. I hereby certify that I attended the deceased from March 1939 to Aug 10 1947 that I last saw him alive on Aug 9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary embolism	5 min
Due to Ischio-rectal abscess	8 days
Due to Diabetes mellitus	5 days
Other conditions (Include pregnancy within 3 months of death) Myocarditis chr. c myocardial degeneration	8 yrs

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of 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) 0
While at work? ____ (e) Means of injury ____
23. Signature C H Bockelman (M. D. or other) M.D.
Address 2615 Brentwood Blvd Date signed 8/10/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Clifford Bockelman
2615 Brentwood Blvd.
REpublic 1907

AUG 20 1947

AUG 21 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. Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address.....

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.