

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3058  
State File No. 464  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 000	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 year	
d. FULL NAME OF HOSPITAL OR INSTITUTION Malcom Bliss		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
		d. STREET ADDRESS (If rural, give location) 3545 Henrietta	

3. NAME OF DECEASED (Type or Print) a. (First) Phillip b. (Middle) Henry c. (Last) Morlock			4. DATE OF DEATH (Month) (Day) (Year) Jan. 15 '49		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
8. DATE OF BIRTH May 30, 1875		9. AGE (in years last birthday) 73		IF UNDER 1 YEAR Day 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk		10b. KIND OF BUSINESS OR INDUSTRY Famous-Barr		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Phillip Morlock		13b. MOTHER'S MAIDEN NAME don't know		14. NAME OF HUSBAND OR WIFE Anna Morlock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-28-3743		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Morlock	
				ADDRESS 3545 Henrietta	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH, 5 yrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Heart Disease		DUE TO (b) -			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) 930			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1/20		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 15, 1949, to Jan 15, 1949, that I last saw the deceased alive on Jan 15, 1949, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE Donald P. Taylor, MD (Degree or title)		23b. ADDRESS 1420 Madison St.		23c. DATE SIGNED 1/16/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/16/49		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran Cemetery, Lemay, Mo.	
24d. LOCATION (City, town, or county)		25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Howard		ADDRESS 1619 So. Grand	
DATE REC'D BY LOCAL REG. JAN 17 1949		REGISTRAR'S SIGNATURE J. B. Lasater			

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

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*W. A. Howard*

Licensed Embalmer No. *4130*

P. O. Address *1619 S. GRAND BL.*

**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.