No. 300
90.48

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

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39092

State File No. 10214

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 14 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland
d. STREET ADDRESS (If rural, give location): 2432-Verona Avenue

96
62
11

3. NAME OF DECEASED (Type or Print)
a. (First): Lena
b. (Middle):
c. (Last): Morris

4. DATE OF DEATH (Month) (Day) (Year): Nov. 26, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 16, 1876
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months: 4; Days: ; IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School-teacher
10b. KIND OF BUSINESS OR INDUSTRY: Ritenour District
11. BIRTHPLACE (State or foreign country): LaPlatta, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John E. Morris
13b. MOTHER'S MAIDEN NAME: Jaly Ann Morris
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Lenore Rucker
ADDRESS: 8842-Olden Av-Overland, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerosis — year
DUE TO (c) Hypertension — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Condition

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

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): 102
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: — / Hit X

22. *I hereby certify that I attended the deceased from* Feb 8, 1946, *to* 11-26, 1949, *that I last saw the deceased alive on* 11-26, 1949, *and that death occurred at* 11:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Roy A. Walker
(Degree or title): M. D.
23b. ADDRESS: 2438 Woodson Rd Overland Mo.
23c. DATE SIGNED: 11-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-29-49
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cem via Motor
24d. LOCATION (City, town, or county) (State): Woodlawn, Mo.

DATE REC'D BY LOCAL REG.: NOV 28 1949
REGISTRAR'S SIGNATURE: J. B. Brooster
25. FUNERAL DIRECTOR'S SIGNATURE: Baumann Bros. Inc.
ADDRESS: 2504-Woodson Rd-Overland-14-Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1950

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 3454

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.