

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42793

State File No. _____

BIRTH NO. <u>84099-49</u>		REG. DIST. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>11284</u>			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>					
b. CITY OR TOWN <u>SAINT LOUIS</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>WEBSTER GROVES</u>		ZONE <u>19</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SAINT LOUIS MATERNITY</u>				d. STREET ADDRESS (If rural, give location) <u>NR-218 SIMMONS</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u>			b. (Middle)			c. (Last) <u>MORRISON</u>			
4. DATE OF DEATH		(Month) <u>DEC</u>		(Day) <u>9</u>		(Year) <u>1949</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>DEC 9, 1949</u>			
9. AGE (In years last birthday)		10. UNDER 1 YEAR		11. UNDER 18 HRS.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>SAINT LOUIS MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JAMES HARRIS MORRISON</u>			13b. MOTHER'S MAIDEN NAME <u>MAY ELAINE BERTHOLD</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>SAINT LOUIS MATERNITY HOSP.</u> ADDRESS					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis of all lobes of lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity (32 wks) (2140 gm)</u> DUE TO (c) <u>Faulty Placentation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mother had had intermittent vaginal bleeding throughout pregnancy</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) <u>159</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7/625</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Carl P. Wegner, M.D.</u>				23b. ADDRESS <u>630 So. Kingshighway</u>		23c. DATE SIGNED <u>12/22/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>DEC 3 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>DEC 3, 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Pascoe</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronald and Co</u> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

20/1/1 -

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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.....

Licensed Embalmer No.....

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.